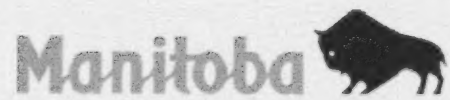


**Manitoba Health**

**Annual Report  
2009 - 2010**





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**MINISTER OF HEALTH**

Room 302  
Legislative Building  
Winnipeg, Manitoba, CANADA  
R3C 0V8

His Honour the Honourable Philip S. Lee, C.M., O.M.  
Lieutenant Governor of Manitoba  
Room 235, Legislative Building  
Winnipeg, Manitoba  
R3C 0V8

May It Please Your Honour:

I have the privilege of presenting the Annual Report of Manitoba Health and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2009/10. The reports, which are published as one document, are required under *The Department of Health Act* and *The Health Services Insurance Act* respectively.

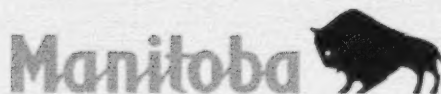
Respectfully submitted,

*Original signed by*

Theresa Oswald  
Minister of Health







## **Health**

Deputy Minister of Health  
Winnipeg MB R3C 0V8

**Honourable Theresa Oswald  
Minister of Health**

Dear Minister:

I am pleased to present the Annual Report of Manitoba Health and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2009/10.

### **Major achievements of the Department for the fiscal year 2009/10 included:**

#### **Responding to the Pandemic H1N1 Influenza (Flu):**

- The pandemic H1N1 flu virus first appeared in Mexico in March 2009 and spread around the globe. In April 2009, an incident command team was put together to ensure a consistent approach across the health sector during the pandemic.
- This team worked with the federal government, other provincial government departments, regional health authorities, First Nations organizations and organized labour.
- A number of significant achievements were made, including:
  - vaccinating more than 455,000 Manitobans for H1N1 flu in just two months, the largest mass immunization program implemented in the history of the province;
  - developing and distributing public health information to all Manitobans;
  - introducing new laboratory technology to detect influenza A and pandemic influenza viruses more quickly, reducing turn-around time by more than 50%;
  - establishing a central stockpile of personal protective equipment (such as masks, gloves and gowns) for health care providers across the province, ensuring regions would have enough supplies for their front-line staff to reduce the spread of infection;
  - coordinating the development and delivery of flu kits to help First Nations community respond to the pandemic;
  - developing a new system for the distribution of antivirals;
  - taking over the coordination of air ambulance services so front-line providers could focus on patient care; and
  - providing assistance to the federal government and coordinating a call-to-action to encourage front-line health care providers to work in the north to address the pandemic.
- Given the extremely large scale of the response, Manitoba Health will be able to take the lessons learned and the structures that were developed and apply them to future emergency response actions, such as flood or forest fire, as well as future seasonal flu campaigns.

#### **Enhancing Access to Primary Care**

- In 2009/10, Manitoba Health funded and co-ordinated 16 primary and specialty clinics to successfully complete the Advanced Access training, enabling them to offer patients same-day access to a primary care provider and five-day access to a specialist. Phase 2 of the program has been to train an additional 14 primary and specialty clinics.



- The Patient Access Registry Tool was established in January 2010, and is being rolled out as an electronic booking request and wait-time/wait list management system. The tool has been implemented in 15% of surgeon and medical specialist offices, including offices in the Winnipeg, Burntwood, Central and Assiniboine regions.
- Fee-for-service family physician group practices participating in the Physician Integrated Network has increased from 4 to 13, with a balance between rural and urban locations.

#### **Meeting the Health Care Needs of Manitobans**

- The first full year of implementation of the initiatives of the Youth Suicide Prevention Strategy with a focus on Aboriginal youth has been completed.
- New resources have been developed to guide the regional health authorities in the provision of spiritual health care within various levels of health service within the regional health authorities.
- Investments continue to support the education, recruitment and retention of health care professionals.
- New drugs for the treatment of HIV, wet macular degeneration, schizophrenia and serious middle-ear infections were approved for coverage under the province's Pharmacare program.
- Action was taken to address important acute care needs, such as increasing the number of dialysis seats and purchasing new and replacement diagnostic equipment for facilities across the province.

#### **Major improvements to infrastructure completed:**

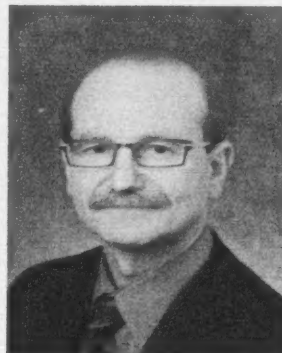
- The following projects have been completed, are registered with the Canadian Green Building Council (CaGBC), and are targeting to receive a level of LEED® Silver certification:
  - Seven Oaks General Hospital – Emergency Room Development – when certified by CaGBC, this project will represent the first government-funded health facility to achieve LEED® for Commercial Interiors (LEED®-CI).
  - Neepawa Personal Care Home - when certified by CaGBC, this project will represent the first government-funded health facility to achieve LEED® for New Construction (LEED®-NC).
  - Thompson Residential Care and Outreach Facility – (LEED®-NC).
  - WRHA – Victoria General Hospital – Emergency Department and Outpatient Redevelopment - Phase 1. This phase of the project created 12,185 square feet of new space for expanded emergency services and ambulance facilities.

I want to thank the hard-working staff and people within Manitoba Health and across the health care system for their hard work in making these important achievements possible. Without their compassionate and caring dedication, it would be impossible to sustain and improve the health of people across our province. This work and the services they provide will allow us to continue to implement even more innovative improvements to our health care system in the years ahead.

Respectfully submitted,

*Original signed by*

Milton Sussman  
Deputy Minister of Health





## Santé

Sous-ministre de la Santé  
Winnipeg (Manitoba) R3C 0V8

**Madame Theresa Oswald**  
**Ministre de la Santé**

Madame la Ministre,

J'ai le plaisir de vous présenter le rapport annuel du ministère de la Santé du Manitoba ainsi que le rapport annuel du Régime d'assurance-maladie du Manitoba pour l'exercice 2009-2010.

**Les principales réalisations du ministère au cours de l'exercice 2009-2010 comprennent ce qui suit :**

### **Lutter contre la grippe pandémique H1N1 :**

- Le virus de la grippe pandémique H1N1 est apparu au Mexique en mars 2009 et s'est ensuite répandu dans le monde. En avril 2009, nous avons créé une équipe de commandement des interventions afin de veiller à l'uniformité des interventions à l'échelle de la province durant la pandémie.
- Cette équipe a travaillé de concert avec le gouvernement fédéral, d'autres ministères provinciaux, les offices régionaux de la santé, des organisations des Premières nations et des groupes syndicaux.
- Parmi les initiatives réussies, notons :
  - Le programme d'immunisation en masse le plus important jamais mis en œuvre dans la province, dans le cadre duquel plus de 455 000 Manitobains ont pu être immunisés contre la grippe H1N1 en seulement deux mois.
  - L'élaboration et la distribution d'information de santé publique à toute la population manitobaine.
  - L'utilisation de nouvelles technologies en laboratoire pour détecter plus rapidement l'influenza A et les virus pandémiques de la grippe, réduisant ainsi le temps du diagnostic de plus de 50 %.
  - L'établissement d'une réserve centralisée d'équipement de protection individuel (masques, gants, blouses, etc.) destiné aux fournisseurs de soins de santé partout dans la province, de façon à s'assurer que les régions disposaient de suffisamment de fournitures pour permettre au personnel de première ligne de limiter le risque de propagation de l'infection.
  - La coordination de l'élaboration et de la distribution de troussees contre la grippe pour aider les collectivités des Premières nations à faire face à la pandémie.
  - Le développement d'un nouveau système pour la distribution d'antiviraux.
  - La prise en charge de la coordination des services d'ambulance aériens afin que les fournisseurs de soins de première ligne puissent se concentrer sur le soin des patients.
  - L'offre d'aide au gouvernement fédéral et la coordination d'un appel à l'action afin d'encourager les fournisseurs de soins de santé de première ligne à travailler dans le nord de la province pour lutter contre la pandémie.
- Étant donné la réponse massive à la pandémie, Santé Manitoba pourra prendre les leçons apprises et les structures élaborées et s'en servir dans le futur dans le cadre d'autres interventions d'urgence, comme des inondations, des incendies de forêt, et des campagnes futures de lutte contre la grippe saisonnière.

### **Améliorer l'accès aux soins primaires :**

- En 2009-2010, Santé Manitoba a financé et coordonné 16 cliniques de soins primaires et spécialisés afin de terminer avec succès la formation dans le cadre de l'initiative Accès avancé, ce qui lui permet d'offrir aux patients accès le jour même aux services d'un fournisseur de soins primaires et accès dans un délai de cinq jours aux services d'un spécialiste. La deuxième phase du programme comprend la formation dans 14 cliniques de soins primaires et spécialisés additionnelles.
- La Province a mis sur pied le Patient Access Registry Tool (registre des patients) en janvier 2010, un système électronique de réservation de services de santé et de gestion des délais d'attente et des listes d'attente. L'outil a été mis en œuvre dans 15 % des bureaux des chirurgiens et des spécialistes médicaux notamment dans les régions de Winnipeg, de Burntwood, d'Assiniboine et du Centre.
- Le nombre de groupes de médecins de famille rémunérés à l'acte participant au Réseau de services médicaux intégrés a augmenté de 4 à 13. Ce nombre est équilibré entre les régions rurales et urbaines.

### **Répondre aux besoins de services de santé des Manitobains :**

- La première année complète de la mise en œuvre des initiatives de la stratégie de prévention du suicide chez les jeunes du Manitoba, axée principalement sur les jeunes Autochtones, est maintenant terminée.
- Le Manitoba a élaboré de nouvelles ressources pour guider les offices régionaux de la santé quant aux soins spirituels offerts dans les divers secteurs de services de santé.
- Grâce à des investissements, la Province continue d'appuyer la formation, le recrutement et le maintien en poste de professionnels de la santé.
- La Province a approuvé la couverture de nouveaux médicaments pour le traitement du VIH, de la dégénérescence maculaire humide, de la schizophrénie et des infections graves de l'oreille moyenne dans le cadre du Régime d'assurance-médicaments du Manitoba.
- Le Manitoba a mis en œuvre un plan d'action pour répondre aux besoins de services de santé de courte durée, qui inclut une augmentation du nombre de sièges de dialyse et l'achat ou le remplacement d'équipement de diagnostic pour des hôpitaux dans toute la province.

### **Apporter des améliorations majeures en matière d'infrastructure :**

- Les projets suivants sont terminés, enregistrés auprès du Conseil du bâtiment durable du Canada et visent la cote LEED® Argent :
  - Hôpital général Seven Oaks, agrandissement et rénovation de la salle des urgences – sur attribution de la cote par le Conseil du bâtiment durable du Canada, le bâtiment deviendra le premier établissement public du secteur de la santé à se conformer à la référence LEED® pour l'aménagement intérieur des espaces commerciaux (LEED®-CI).
  - Foyer de soins personnels à Neepawa – sur attribution de la cote par le Conseil du bâtiment durable du Canada, le bâtiment deviendra le premier établissement public du secteur de la santé à se conformer à la référence LEED® pour une nouvelle construction (LEED®-NC).
  - Établissement de soins en résidence et de services externes à Thompson – (LEED®-NC).
  - ORSW - Hôpital général Victoria – Réaménagement du service des urgences et du service pour les patients externes (phase 1). Cette phase du projet a créé 12 185 p<sup>2</sup> d'espace additionnel pour agrandir les services d'urgence et d'ambulance.

Je tiens à remercier le personnel et les autres personnes œuvrant au sein du ministère et dans l'ensemble du système de soins de santé pour leurs efforts assidus qui ont rendu ces réalisations possibles. Sans leur compassion, leur bienveillance et leur dévouement, il serait impossible de maintenir et d'améliorer la santé de la population de notre province. Grâce à ce

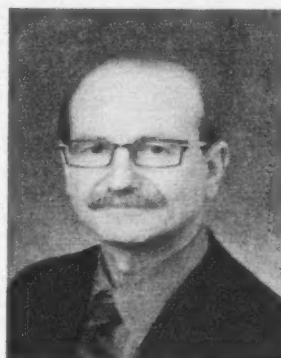


travail et aux services qu'ils fournissent, nous pourrons continuer d'apporter des améliorations encore plus innovantes au système de soins de santé dans les années à venir.

Je vous prie d'agréer, Madame la Ministre, l'assurance de ma haute considération.

*Original signé par*

Milton Sussman  
Sous-ministre de la Santé







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## **Preface/Introduction**

### **Report Structure**

This Annual Report is organized in accordance with Manitoba Health appropriation structure as set out in the Main Estimates of Expenditure of the Province of Manitoba for the fiscal year ending March 31, 2010. It provides information on Manitoba Health and the Manitoba Health Services Insurance Plan.

The report includes information at the Main and Sub-Appropriation levels related to Manitoba Health's strategic direction, actual results, financial performance and variances. A five year adjusted historical table of staffing and expenditures is provided. In addition, expenditure and revenue variance explanations are provided.

A separate financial section includes the audited financial statements of the Manitoba Health Services Insurance Plan. Included with the financial statements is the Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act*. A report on any disclosures of wrongdoing, as directed under *The Public Interest Disclosure (Whistleblower Protection) Act*, has been included in Appendix IV.

### **Role and Mission**

Manitoba Health is a line department within the Government structure and operates under the provisions of statutes and responsibilities charged to the Minister of Health. The formal mandates contained in legislation, combined with mandates resulting from responses to emerging health and health care issues, establish a framework for the planning and delivery of services.

The stated vision of Manitoba Health is "Healthy Manitobans through an appropriate balance of prevention and care." Manitoba Health leads the way to quality health care built with creativity, compassion, confidence, trust and respect, and plays a leadership role in promoting prevention and positive health practices.

It is the mission of Manitoba Health "to meet the health needs of individuals, families and their communities by leading a sustainable, publicly administered health system that promotes well-being and provides the right care, in the right place, at the right time." This mission is accomplished by providing strategic direction and leadership to the provincial health system. This includes defining provincial goals, setting priorities, establishing standards and policies based on evidence and best practice, promoting quality and safety, encouraging innovation, allocating resources within the framework of provincial legislation, and assuring accountability while balancing health service needs with fiscal responsibility. Manitoba Health also manages the insured benefits claims payments for residents of Manitoba related to the cost of medical, hospital, personal care, Pharmacare and other health services. Most direct services are delivered through regional health authorities, and other health care organizations; however, the department manages the direct operations of Selkirk Mental Health Centre and Cadham Provincial Laboratory.



## **Report Context**

Manitoba Health administers the most complex and publicly visible social program provided by the Government. The program is delivered partially by the department and partially through grant agencies, arm's length health authorities, independent physicians, or other service providers paid through fee-for-service or alternate means. It is a complex combination of insured benefits, funded services provided through public institutions ranging from community-based primary care through to tertiary teaching hospitals, and publicly regulated but privately provided services such as proprietary personal care homes.

It is important to consider that many factors affect the health of Manitobans such as family history, gender, culture, education, employment, income, the environment, our coping skills and social support networks. "Health" is not merely the absence of disease. It embraces complete physical, mental and social well-being. Manitoba Health contributes to this mandate by supporting the newly created department of Healthy Living, Youth and Seniors. Manitoba Health, and many other departments, are determined to work with and support this new department to further the health status of Manitobans.

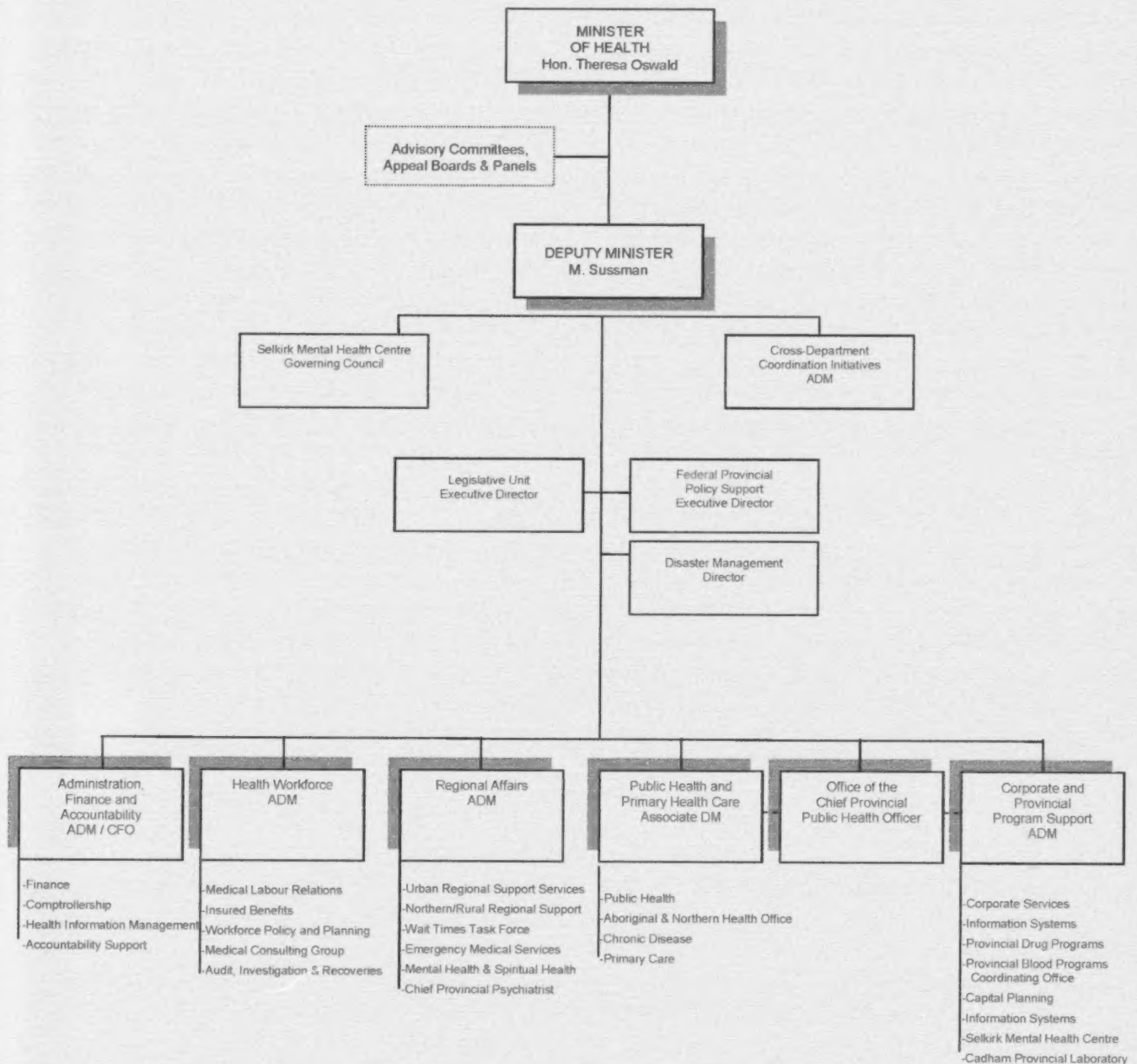
## **Organization**

This annual report is organized in accordance with Manitoba Health appropriation structure, which reflects the organization chart as of March 31, 2010. In 2010, The department was reorganized to reflect the appropriation responsibilities of the Minister of Health. Healthy Living responsibilities were transferred to Manitoba Healthy Living, Youth and Seniors and are reported in their annual report.

# MANITOBA HEALTH ORGANIZATION CHART

(Effective March 31, 2010)

(Reflective of the 2009/10 appropriations structure, further department reorganization occurred as a result of the creation of the Department of Healthy Living, Youth and Seniors)



## Administration, Finance and Accountability

### Minister's Salaries

#### Objectives:

In accordance with the goals and strategic priorities established by the Premier and Cabinet:

- To provide leadership and policy direction for the renewal of the health system and the delivery of a comprehensive range of health and health care services for Manitobans.
- To provide leadership and policy direction in the development of a comprehensive approach to enhance and improve the health and wellness of Manitobans.

#### 1(a) Minister's Salaries

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	46	1.00	46	-	1
Other Expenditures					
<b>Total Sub-Appropriation</b>	<b>46</b>	<b>1.00</b>	<b>46</b>	<b>-</b>	

1. Portions of this appropriation was transferred to Healthy Living, Youth and Seniors.

### Executive Support

#### Objectives:

- To provide executive support to the Minister of Health in achieving department objectives, through strategic leadership, management, policy development, program determination, and administration of the department and broadly defined health services delivery system.

#### 1(b) Executive Support

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,114	15.00	1,037	77	1
Other Expenditures	124		180	(56)	
<b>Total Sub-Appropriation</b>	<b>1,238</b>	<b>15.00</b>	<b>1,217</b>	<b>21</b>	

1. Portions of this appropriation was transferred to Healthy Living, Youth and Seniors.

## **Finance**

Finance is responsible for managing the internal financial affairs of Manitoba Health including the Manitoba Health Services Insurance Plan and coordinating administrative support services to meet departmental operating requirements.

Finance is also responsible for providing a fair and equitable distribution of available funds for regional health authorities (RHAs) and other funded agencies in accordance with government priorities, through the review, recommendation and approval of RHA health plan submissions, budget allocations and monitoring of financial, statistical and operational results.

Finance also provides financial support and analysis to the department overall, and provides consultation, analytical services and support to internal and external clients as it relates to existing, new and expanded programs.

Finance provides information management and statistical services in support of the programs of Manitoba Health, RHAs, agencies, researchers and the general public. It also provides leadership and coordination of health research related activities including support to the Health Information Privacy Committee under *The Personal Health Information Act*.

Finance is composed of the following:

### **Comptrollership**

#### **The objectives were:**

- To provide a complete identification and fair allocation of both tangible and fiscal resources, and through monitoring and reporting, the effective and efficient use of those resources in accordance with government priorities.
- To ensure that financial reporting from departmental programs, RHAs and external agencies is efficient, accurate and consistent.
- To ensure an equitable personal care home rate structure and a level of revenue that partially offsets the total cost of long term care for RHAs, through the management of the assessment and appeal process.

#### **The expected and actual results for 2009/10 included:**

1. Effective and efficient use of tangible and fiscal resources for departmental programs, RHAs and external agencies consistent with the established priorities of the department and government.
  - Based on departmental priorities, established guidelines and policies, Manitoba Health was able to effectively and efficiently utilize the tangible and fiscal resources of the department to provide relevant budgets to departmental programs, RHAs and external agencies.
2. Efficient and accurate preparation of annual planning and reporting documents, i.e estimates, quarterly financial reports and other financial reports or documents.
  - Estimates, estimates supplement, quarterly financial reports, the annual report and other financial reports or documents were prepared within established deadlines and in accordance with legislative requirements, Treasury Board and senior management requirements.
3. Efficient, accurate information provided to government on the fiscal status of Manitoba Health.
  - Monthly and quarterly financial reports, the annual report and other financial reports or documents on the fiscal status of Manitoba Health were prepared in a timely manner.
4. Equitable rate structure for the Residential Charge Program.
  - Through management of rate assessment, review and appeal process for all long term care clients, Manitoba Health was able to provide an equitable rate structure for the Residential Charges Program.



## **Regional Financial Support and Capital Finance**

### **The objectives were:**

- To provide support, consultation and analysis to departmental programs, RHAs and agencies to facilitate a common understanding of financial information, reporting requirements and methodologies.
- To develop and monitor processes that enable Manitoba Health to set expectations and assess financial results of RHAs, CancerCare Manitoba, Diagnostic Services of Manitoba and other health organizations.
- To provide support, consultation, analysis and findings to RHAs and agencies for their capital construction and equipment requirements.

### **The expected and actual results for 2009/10 included:**

1. Facilitate efficient, accurate and consistent financial reporting to Manitoba Health from RHAs, CancerCare Manitoba, Diagnostic Services of Manitoba and other agencies.
  - Received financial monitoring, completed financial templates and other reports regarding identification of required deliverables on monthly, quarterly and annual timelines as established by Manitoba Health.
  - Analyzed financial reporting received from RHAs, CancerCare Manitoba, Diagnostic Services of Manitoba and other agencies for accuracy and consistency and verified through consultation with various internal and external stakeholders.
  - Reviewed processes continually for efficiencies and improvement opportunities.
2. Facilitate efficient, accurate and consistent financial reporting to Manitoba Finance.
  - Provided accurate and consistent financial reporting through financial monitoring, RHA audited financial statements and other financial reporting documents in an efficient manner to meet Manitoba Finance reporting deadlines.
3. Financial expertise and support provided to various departmental projects and initiatives, to RHAs and to other agencies.
  - Provided financial expertise and analysis to various stakeholders, both internal and external.
  - Responded to ad hoc requests on a timely basis from various stakeholders.
  - Provided financial support to various committees and working groups.
4. Economical financing of both capital construction and equipment purchases.
  - Provided funding to RHAs based on approved capital expenditures.
  - Approved borrowings provided to RHAs to fund capital and equipment needs.
  - Initiated debt repayment on a timely basis on RHA approved borrowings for capital projects and equipment purchases.

## **Health Information Management**

### **The objectives were:**

- To ensure the timely collection of financial, statistical and clinical information from the RHAs in accordance with provincial and national reporting requirements.
- To provide data management, reporting, analysis, and interpretation of health information to inform and support the strategic functions of Manitoba Health and the RHAs, including public accountability.
- To co-ordinate and support health research-related activities, and ensure the appropriate use of health information in accordance with privacy legislation.

### **The expected and actual results for 2009/10 included:**

1. Data infrastructure and policies are in place to support the appropriate collection, management, use and disclosure of health information, in accordance with *The Personal Health Information Act*.
  - Developed policies, processes and procedures for the use of data for health research, including an expedited review by the Health Information Privacy Committee during the H1N1 pandemic.
  - Implemented policies for the development and use of Collaboration Services technologies within the department.

- Implemented data sharing agreements and researcher agreements with key organizations involved in health research.
  - Managed agreements to allow for exchange of data to support program evaluation activities required for the new HPV Vaccine Program
  - Completed the planning activities and began the production phase for the collection of a small sub-set of data from electronic medical records into Manitoba Health for use in the Physician Integrated Network initiative and to inform broader primary care needs.
2. Manitoba Health programs, RHAs, researchers, public organizations, and the general public have access to health care information for accountability, operational, planning, evaluation and research needs.
- Continued development and maintenance of databases to support internal and third party information requirements, including provision of data to organizations such as: the Manitoba Centre for Health Policy, the Canadian Institute for Health Information and Statistics Canada.
  - Facilitated access to data and statistics by providing leadership, information/consultation, support and training within Manitoba Health and the RHAs on a wide variety of health information matters
  - Participated in provincial and national committees and workgroups, including providing leadership to several data quality and health indicator committees
  - Produced many health system reports including the Annual Statistics Report, Annual Population Report, standard reports for the RHAs, weekly and monthly statistical reporting on the Manitoba Health website.
  - Produced daily, weekly and monthly reports to inform the public health response during the H1N1 pandemic.
  - Provided analytical support for H1N1 reporting and surveillance.
  - Responded to ad hoc data requests from stakeholders and organizations and produced special analyses and briefings for health data and research publications.
  - Provided data and statistical support to various committees.
  - Initiated the planning activities for the implementation of three recommendations from the Maternal and Child Healthcare Service Task Force Report regarding an Information Repository, Annual Round Table and a Knowledge Translation.
  - Submitted detailed business requirements for the development of a Regional Health Authority Performance Indicator Project solution to Manitoba eHealth and an application for capital funding for the project to the Information and Communication Technologies Program Council.
3. An integrated, coordinated approach by Manitoba Health to health research activities.
- Provided expert data and administrative support to the Health Information Privacy Committee established under *The Personal Health Information Act*.
  - Continued implementation of the bilateral agreement with the Canadian Institute for Health Information.
  - Provided ongoing coordination and support to the contractual relationship between Manitoba Health and the Manitoba Centre for Health Policy, including development of the annual research agenda and renewal of the five-year funding agreement.
  - Reviewed research proposals to provincial and national health research funding bodies.
  - Undertook partnership activities related to health services policy research in accordance with the Manitoba Health Research Council.

## **Accountability Support**

### **The objectives were:**

- To improve the accountability of the health system by supporting the department and health authorities to establish clear, meaningful and outcome focused expectations.
- To co-ordinate and facilitate valid and reliable reporting across the health system.
- To lead and facilitate evidence-informed decision making through analysis and feedback.

**The expected and actual results for 2009/10 included:**

1. Strengthened Health Authority governance.
  - Continued participation in the Community for Excellence in Health Governance.
  - Hosted a board orientation event for new appointees to the Health Authority Boards.
2. Co-ordinated Community Health Assessment process.
  - Ongoing and specific support and leadership to health authorities for completion of their third comprehensive Community Health Assessment reports; this included workshops on community health assessment report writing, basics of graphic design, and geographic information system mapping.
  - Produced a revised Community Health Assessment Guidelines 2009 publication in both official languages providing guidance to the process for all health authorities.
  - Developed, with the input of a PhD student, an evaluation framework for an outcome-focused evaluation of the third comprehensive community health assessment cycle.
3. Evidence informed health planning.
  - Redeveloped health plan guidelines and technology.
  - Facilitated training and orientations regarding developing health plans and utilizing the technologies to submit the health plans.
  - RHAs, CancerCare Manitoba, and the Addictions Foundation of Manitoba developed evidence based health plans informed by community health assessment information specific to the population served and provincial wide considerations.
4. Efficient and effective Departmental Estimates process.
  - Facilitated executive discussions regarding system pressures resulting in more efficient use of departmental resources.
  - Strengthened justification and evidence in estimates process through ongoing training and oversight.
5. Co-ordinated approach to departmental accountability.
  - Provided consultative support in the area of evaluation and feedback.
  - Published Achieving Health System Accountability 2009 in both official languages in December 2009.
  - Provided education sessions for department management on requirements for completing program information for the Supplementary Information for Legislative Review.
  - Further advanced and strengthened an existing mechanism of accountability, The Year End Monitoring for Health Authorities Board Governance through unique focus, process and form enhancements.
6. Strengthened ability to monitor accountability activities and structures and system performance.
  - Monitored External Agency Grant Policy implementation.
  - Participated in a project to scope Health System Performance software capability with identification of the first set of key indicators for monitoring.
7. Consistent application of accountability practices.
  - Implemented Phase 1 of the department's integrated risk management process.
  - Provided feedback, review and discussion on assessment of health authorities' annual reporting.
  - Implemented and supported practice changes to existing The Year End Monitoring for Health Authorities Board Governance.
8. Department Strategic Projects outcomes are achieved efficiently and effectively.
  - Utilized resources of the Project Management Office in supporting Manitoba Health's response to flooding in spring 2009 and H1N1 in fall and winter 2009.
  - Project Management support to pandemic planning, Advanced Access, and Physician Integrated Network projects.
  - Engage project resources into support of division efforts.



**1(c) Finance**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2009/10 \$(000's)</b>	<b>FTE</b>	<b>Estimate 2009/10 \$(000's)</b>	<b>Variance Over(Under) \$(000's)</b>	<b>Expl. No.</b>
Salaries and Employee Benefits	5,857	85.73	5,907	(50)	1
Other Expenditures	1,396		1,657	(261)	
<b>Total Sub-Appropriation</b>	<b>7,253</b>	<b>85.73</b>	<b>7,564</b>	<b>(311)</b>	

1. Portions of this appropriation were transferred to Healthy Living, Youth and Seniors.

**Central Services**

Central Services is responsible for leadership, advice and support to the department with a focus on human resource management, legislation development, and strategic policy advice on federal, inter-provincial, inter-jurisdictional and other issues.

Central Services is composed of the following:

**Human Resources****The objectives were:**

- To provide leadership, advice and support to Manitoba Health with a focus on human resource management.

**The expected and actual results for 2009/10 included:**

1. Fair and consistent human resource services provided in accordance with Civil Service Commission policies and standards.
  - Recruited 166 permanent and temporary employees to fill vacant positions
  - Provided support to management in the reclassification of 69 positions
  - Provided support to management in labour/management dispute hearings
  - Provided support to management in a Workers Compensation appeal hearing
  - Provided advice and guidance to management in resolving many labour relations issues prior to formal grievances occurring, and ongoing consultation on day-to-day management/employee issues
2. Timely and accurate pay and benefit administration provided to the department's civil service employees and Manitoba Support Service employees.
  - Processed 1,277 civil service SAP events
  - Provided data maintenance and advice and guidance to employees on pay and benefits information
  - Provided pay and benefit support to approximately 4,850 Manitoba Support Services employees
  - Provided pay and benefit support to approximately 1,307 Manitoba Health employees
3. Human resource programs that meet the current and future demographic and organizational needs of Manitoba Health.
  - Developed learning sessions to educate staff on the following:
    - Aboriginal culture—to recognize National Aboriginal Day,
    - Disabilities—to recognize International Day for Persons with Disabilities,
    - Diversity of people (entitled: Cultivating Diversity)—to recognize International Day for the Elimination of Racial Discrimination.
  - Held Lunch and Learn sessions in both Winnipeg and Selkirk for staff to learn about the Aboriginal Management Development Program.
  - Sponsored one staff person to take part in the Aboriginal Management Development Program
  - Provided ongoing coaching to both the graduated intern and current intern of the Aboriginal Management Development Program



- Provided electronic presentations and videos to all staff in Manitoba Health about National Aboriginal Day, Say No to Racism, and International Day for Persons with Disabilities
  - Facilitated attendance of 50 human resource staff at the following courses: Valuing Diversity in the Workplace, Aboriginal People: Building Stronger Relationships, and Duty to Accommodate.
  - Developed a learning session for Human Resource Consultants on the History of Aboriginal People in Manitoba.
  - Facilitated participation for six staff to attend Queen's Leadership Training; two staff to attend Women's Leadership Program; and, two staff to attend the Public Sector Management Certificate Program
  - Coordinated long service recognition events
  - Provided five placements for participants in the Career Assistance Program for Persons with Disabilities. All placements were hired into the civil service.
  - Provided support and guidance in recruitment for difficult to fill positions
4. Integrated human resource services, including program and policy development to support the needs of Manitoba Health and Manitoba Family Services and Housing.
- Provided leadership in the department's formal recognition program for long-service employees.
  - Provided leadership in the recognition of staff at milestone years of service event.
  - Continued to co-chair Department Renewal Committee.
  - Facilitated New Employee Orientation workshop within Manitoba Health.

## **Legislative Unit**

### **The objectives were:**

- To provide leadership, advice and support on the development of legislation to Manitoba Health.

### **The expected and actual results for 2009/10 included:**

1. Development and co-ordination of Statutes and Regulations that provide a sound legislative base for meeting the mission of the department.

#### Legislative Proposals:

- There were five health related statutes amended, enacted or proclaimed for the fiscal year 2009/2010 (details outlined in Appendix II)

#### Regulatory Amendments:

- Assisted in the development of required regulation amendments to 24 regulations under various health related legislation (see Appendix II for details).
  - *The Freedom of Information and Protection of Privacy Act* : There were 95 responses to *The Freedom of Information and Protection of Privacy Act* for requests for information.
2. Development and implementation of the department's annual legislative agenda in accordance with government processes and timelines.
- This was met as outlined above
3. Accurate and timely information provided to internal and external clients about legislation and the legislative process.
- Accurate and timely information was provided. Among other activities in the area, staff of the Legislative Unit provided approximately 20 informational presentations on *The Personal Health Information Act*, *The Freedom of Information and Protection of Privacy Act* and *The Public Health Act* to organizations and Manitoba Health staff over the course of the year.
4. Implementation of Labour Mobility obligations for the regulated health professions.

## Federal/Provincial Policy Support

### The objectives were:

- To provide leadership, advice and support to the department on federal, inter-provincial, inter-jurisdictional and other issues.
- To support and assist the Minister of Health, and the Deputy Minister of Health as the lead province in hosting the Health Ministers Meetings and the Conference of Deputy Ministers of Health for 2008-2009.

### The expected and actual results for 2009/10 included:

1. Manitoba's interests and objectives are advanced in federal/provincial discussions.
  - Provided policy support and co-ordination to provinces and territories as the co-chair and liaised with Health Canada and the Public Health Agency of Canada in facilitating effective cross and multi-jurisdictional work, agendas and cooperation.
  - Provided policy support to Manitoba Health to advance issues that included: national emergency preparedness related to H1N1; securing federal funding for Canada Health Infoway; Healthy Living (including establishing it as a standing agenda item for ministerial and Deputy Minister meetings); Health Council of Canada; and Health Human Resources.
  - Supported the Minister and Deputy Minister in Federal, Provincial and Territorial H1N1 as they assumed the lead Provincial and Territorial role in co-ordinating a pan-Canadian response after the announcement of the pandemic in April 2009. The Manitoba Deputy Minister co-chaired the pan-Canadian Federal, Provincial and Territorial incident command structure, which was adopted from the Manitoba Incident Command Team model.
  - Supported the Deputy Minister as the Provincial and Territorial lead on the H1N1 Liaison Secretariat, which managed the Federal, Provincial and Territorial H1N1 work plan.
  - Supported the Deputy Minister as the Provincial and Territorial lead on the H1N1 Logistics Working Group
  - Manitoba was asked to continue as the Provincial and Territorial lead on H1N1 after September 2009 because of the confidence Federal, Provincial, and Territorial jurisdictions had in the Manitoba Minister, Deputy Minister, and Federal/Provincial team. Manitoba continued in this role until March 2010.
2. Manitoba hosts several meetings through teleconference calls and in person meetings, between Health Deputies and Ministers of Health and Ministers of Healthy Living, as required during the host year 2008-2009.
  - Successfully hosted and coordinated all aspects of the September 2009 Health Ministers Meeting and the June 2009 Conference of Deputy Ministers.

#### 1(d) Central Services

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	2,522	40.00	2,737	(215)	
Other Expenditures	348		309	39	
External Agencies	382		538	(156)	
<b>Total Sub-Appropriation</b>	<b>3,252</b>	<b>40.00</b>	<b>3,584</b>	<b>(332)</b>	

## Corporate and Provincial Program Support

The Corporate and Provincial Program Support Division provides leadership and support to internal and external clients of Manitoba Health with a focus on policy, planning, accountability, and support to provincial programs.

### Administration

#### The objectives were:

- To provide strategic leadership and solutions in support of the objectives and priorities of Manitoba Health with a focus on:
  - Information System Technology, including Manitoba e-Health
  - Provincial Drug Programs, including Drug Management Policy Unit
  - Capital Planning
  - Corporate Services – including Web Services, French Language Services, the Manitoba Health Appeal Board, the Mental Health Review Board, and the Protection for Persons in Care Office
- To provide policy direction and operational systems to improve the efficiency of designated Manitoba Health program delivery.

#### The expected and actual results for 2009/10 included:

1. Strategic directions consistent with Manitoba Health priorities, with respect to information system technology, provincially funded drug benefits, the provincial health capital program, and the protection of persons in health care facilities.
2. Equitable and appropriate utilization of provincially funded drug benefits recognizing pharmaceuticals as a vital component of health care in Manitoba.
  - In its report, Drug Expenditure in Canada, 1985 to 2009, the Canadian Institute for Health Information estimated that in Manitoba, the share of total prescribed drug expenditure funded by public sector drug programs in 2009 increased by 1.9% over 2008, the second lowest rate of growth among Canadian provinces.
3. A Capital Plan that supports Manitoba Health population health objectives.
  - Provided leadership for infrastructure projects supporting investment in state-of-the-art medical equipment, new programs, improved facilities and enhanced community-based services.

#### 2(a) Administration

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	246	3.00	233	13	
Other Expenditures	55		55	-	
<b>Total Sub-Appropriation</b>	<b>301</b>	<b>3.00</b>	<b>288</b>	<b>13</b>	

### Information Systems

Information Systems is responsible for providing strategic, tactical, and operational information systems and information technology leadership and solutions to support the objectives and priorities of Manitoba Health. The Manitoba eHealth Provincial Program ("Manitoba eHealth") has the responsibility and mandate to provide these same services to the regional health authorities, health care facilities, health care associations, and other providers of health care services within Manitoba's health care system. Information Systems continues to provide consultative services and project co-ordination on information systems initiatives involving the department and other government agencies, while Manitoba eHealth coordinates and aligns federal, provincial, health sector, and inter-sector projects.



**The objectives were:**

- To provide or facilitate strategic information and communication technology solutions to support the objectives and priorities of Manitoba Health.
- To co-ordinate and align department information and communication technology projects with the priorities of Manitoba Health.
- To provide and maintain information systems to improve the efficiency of program delivery.
- To monitor and provide advice on information and communication technology initiatives and activity through Manitoba eHealth and in the publicly funded health sector.

**The expected and actual results for 2009/10 included:**

1. Necessary data and information are accessible for department staff to achieve corporate goals and objectives.
  - The Information Systems Branch continued to facilitate the provision of data to both internal and external organizations for the purposes of decision support and the effective management of health information.
2. Information and communication technology initiatives are appropriately scoped, resourced and supported to achieve the identified project objectives and the overall strategic objectives of Manitoba Health.
  - Worked with Manitoba Health branches and programs to identify, scope and secure approval for department information and communication technology initiatives.
  - Provided consultation and project management services to department initiatives to ensure appropriate resourcing and solution delivery.
  - Worked with Manitoba eHealth and Manitoba Innovation, Energy and Mines – Business Transformation and Technology to secure project implementation and delivery services as required for department initiatives.
3. Corporate systems are compliant with *The Personal Health Information Act* and Manitoba's *Freedom of Information and Protection of Privacy Act*.
  - Manitoba, through Manitoba eHealth and the Health Information Standards Committee, is actively involved in Canada Health Infoway's Standards Collaborative.
  - Manitoba Health is an active participant in the Privacy Forum established by Canada Health Infoway to examine personal health information governance issues related to the pan-Canadian Electronic Health Record. It is also a member of the Health Information Privacy Group that is made up of government representatives on the Privacy Forum.
4. Effective electronic data interchange between Manitoba Health, Manitoba eHealth, regional health authorities, health care providers and other government departments and jurisdictions.
  - Coordinated and facilitated the continued management and expansion of network connectivity within Manitoba's health sector, utilizing and effecting improvements in Manitoba's Provincial Data Network.
  - Worked with Manitoba Innovation, Energy and Mines – Business Transformation and Technology to identify and implement improved means of securely transferring files with and between partner and stakeholder organizations.
5. Upgrades and functional changes to existing systems completed in a timely fashion, in priority sequence, and in accordance with business rules provided.
  - Assisted Provincial Drug Programs to design, develop and implement the Drug Formulary Lookup application on the Manitoba Health website to provide a web-based searchable version of the Manitoba Drug Formulary for citizen access and information.
  - Completed enhancements to the Drug Programs Information Network to receive and process income information from the Canada Revenue Agency on a weekly basis, using a secure file transfer process.
  - Assisted Selkirk Mental Health Centre to develop, release and evaluate a Request for Proposals for a clinical information management system at Selkirk Mental Health Centre.
  - Conducted a technical architecture assessment, with resulting recommendation, for the Manitoba Emergency Medical Services Information System patient care reporting initiative for the Emergency Medical Services Branch.



- Supported the deployment of a new Laboratory Information Management System for Cadham Provincial Laboratory through the replacement of the existing Cadham Lab mainframe system.
  - Completed system development in support of Manitoba Health's pandemic planning requirements.
  - Developed and implemented a number of data entry and reporting systems for the Public Health Branch in support of H1N1 tracking and vaccination activities.
  - Completed the implementation of the Communicable Disease Control Adverse Events Following Immunization application for the Public Health Branch.
  - Completed major enhancements to the mainframe Manitoba Immunization Monitoring System to support H1N1 mass immunizations by regional health authorities and Manitoba Health.
  - Completed the National Ambulatory Care Reporting System which receives files from the Winnipeg Regional Health Authority facilities, and forwards the data to the Canadian Institute for Health Information.
  - Completed enhancements to the Financial Information Management Information System (FIMIS) to allow authorized users to connect to the application and submit financial data.
  - Completed enhancements to the Hospital Inter-Provincial Billing System for the International Classification of Diseases version ICD9 to ICD10 conversion.
  - Implemented the changes to the Medical Claims Processing System for the negotiated optometrist, dental and medical contracts.
  - Completed a pilot project to provide secure access to the Manitoba Health Insurance Registry for physician offices.
  - Successfully collaborated with Manitoba Innovation, Energy and Mines – Business Transformation and Technology, and Manitoba Infrastructure and Transportation on major infrastructure improvements to Manitoba Health's 300 Carlton Datacenter.
  - Completed a major upgrade to the Information Systems Branch computing hardware infrastructure that provides for increased levels of reliability and availability for corporate web applications.
  - Introduced new equipment and processes for secure file exchange with business partners including regional health authorities, Health Canada, Canada Revenue Agency, and Manitoba eHealth, that offers enhanced controls, reliability, and audit capability to electronic file exchanges that are critical to Manitoba Health business processes.
  - Participated in the development and execution of a Memorandum of Understanding between Manitoba Health and Manitoba eHealth to establish the principles, terms and conditions under which the parties will work together to provide and receive shared services throughout the province.
6. Manitoba eHealth information and communication technology solutions and operations support the strategic objectives of Manitoba Health, the regional health authorities and the publicly funded health sector.
- Worked with Manitoba eHealth to appropriately define strategic health information and communication technology objectives and initiatives.
  - Facilitated participation and input into the planning of Manitoba eHealth – led initiatives to ensure the inclusion of Manitoba Health needs and requirements.
  - Monitored the progress of major Manitoba eHealth initiatives through monthly status reporting and participation on project steering committees.

## 2(b) Information Systems

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	4,418	60.90	4,356	62	
Other Expenditures	668		958	(290)	
Provincial Program Support Cost	4,618		4,897	(279)	
External Agencies	-		65	(65)	
<b>Total Sub-Appropriation</b>	<b>9,704</b>	<b>60.90</b>	<b>10,276</b>	<b>(572)</b>	

## **Provincial Drug Programs**

Provincial Drug Programs include Pharmacare, the Palliative Care Drug Access Program and drug plan benefits for Employment and Income participants and residents of personal care homes.

### **The Professional Services Unit is responsible for:**

- The professional leadership and support for the Manitoba Drug Standards and Therapeutics Committee, a committee of physicians and pharmacists that makes recommendations to the Minister of Health on drugs to be listed in the Manitoba Formulary.
- Participation in the Common Drug Review that provides expert advice on drugs to participating provincial, territorial and federal drug plans based on rigorous, objective reviews of clinical and cost effectiveness.
- Professional direction for and operation of the Exception Drug Status Office that provides approval on an individual basis for drugs that have designated criteria established.
- Administers the Manitoba Drug Benefits and Interchangeable Formulary.
- Analysis and monitoring of the Drug Programs Information Network data.

### **The Operations Unit is responsible for:**

- Customer focused service to provide current information to the public either by phone, in person, fax, internet or mail.
- Providing helpdesk support and troubleshooting to Manitoba pharmacy providers with their claims adjudications and processing by phone.
- Processing Pharmacare applications and adjudicating claims under the Pharmacare Program, Ancillary Services and the Prosthetic and Orthotics Program.
- Continuous evaluation of work processes to improve effectiveness and efficiency of the program.

### **The objectives were:**

- To administer programs which provide eligible drug benefits for all Manitobans as prescribed by *The Prescription Drugs Cost Assistance Act*, *The Pharmaceutical Act* and *The Health Services Insurance Act*.
- To communicate information to the public and health care professionals about the drug programs administered under *The Prescription Drugs Cost Assistance Act*, *The Pharmaceutical Act* and *The Health Services Insurance Act*.

### **The expected and actual results for 2009/10 included:**

1. Financial assistance to Manitobans for eligible drug benefits.
  - Provincial Drug Programs ensures that Manitobans who meet their income-based Pharmacare deductible, participate in the Employment and Income Assistance program, reside in Manitoba personal care homes or are palliative care patients in the community, receive eligible drug benefits.
  - Provincial Drug Programs processed 220,175 Pharmacare applications; 83,513 families received Pharmacare benefits.
  - Ancillary Services and the Prosthetic and Orthotic Program processed 68,358 claims to afford benefits for 38,878 individuals.
  - The Deductible Installment Payment Program for Pharmacare allows eligible Pharmacare beneficiaries the option to pay their annual Pharmacare deductible in monthly installments. In 2009/10, 934 families were enrolled in the Program.
2. A streamlined drug review process to ensure ongoing access to cost-effective medications.
  - Manitoba Health continues to support the Common Drug Review and the Pan-Canadian Oncology Drug Review, national processes for the evidence-based review of new chemical entities and oncology drugs.
  - The ongoing utilization of revised generic drug submission requirements ensures generic drug pricing in Manitoba that is equitable to that in other Canadian jurisdictions.
3. Effective communications with prescribers, pharmacy providers and the public.
  - On a regular basis, key stakeholders receive updated program benefit and formulary information through letters and websites and web-based systems.

**2(c) Provincial Drug Programs**

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	2,364	42.00	2,405	(41)	
Other Expenditures	494		535	(41)	
<b>Total Sub-Appropriation</b>	<b>2,858</b>	<b>42.00</b>	<b>2,940</b>	<b>(82)</b>	

**Corporate Services**

The Corporate Services Branch promotes compliance with *The Protection for Persons in Care Act*, and reviews reports of alleged abuse under the Act through the Protection for Persons in Care Office, provides administrative support for health care services appeals, coordinates French Language Services for internal and external clients, and manages communication through the Manitoba Health internal and external websites.

**The objectives were:**

- To manage the reporting and investigation of alleged patient abuse in designated health care facilities under the legislative requirements of *The Protection for Persons in Care Act*.
- To provide a consultative, advisory and administrative link among the regional health authorities, Regional Health Authorities of Manitoba, external agencies funded by Manitoba Health and the public, in matters relating to French Language Services.
- To develop, deliver and maintain all information, online services and applications related to Manitoba Health on its public-facing websites, so they are compliant with Province of Manitoba Website Development Standards, the French Language Services Policy, and World Wide Web Consortium (W3C) Standards for Accessibility.
- To support the Manitoba Health Appeal Board in providing an appeal process for the public on certain decisions made under *The Health Services Insurance Act*, *The Emergency Medical Response and Stretcher Transportation Act*, *The Mental Health Act*, and the Hepatitis C Assistance Program and the Home Care Program.
- To support the provision of an appeal process for the admission or treatment of a patient in a psychiatric facility as required by *The Mental Health Act*.

**The expected and actual results for 2009/10 included:**

1. Efficient inquiry and investigation by the Protection for Persons in Care Office of inpatient abuse.
  - Received 1,589 alleged abuse reports, an increase of 16% over the 1,375 alleged abuse reports received in 2008/09.
  - Reviewed and closed 57% of inquiries that did not go to investigation within three business days of receiving the report; 94% of the total inquiries that did not go to investigation were reviewed and closed within one month. This is comparable to the previous year's timelines.
  - Completed 52% of investigations by the target of 30 days of the investigation start date. This timeline was impacted compared to last year (76%) due to new protocols introduced that required integration into the investigation process as well as the orientation for two newly hired investigators.
2. Improved awareness of the process for reporting abuse by health care facilities and the general public.
  - The Protection for Persons in Care Office held 88 educational sessions with 1,050 participants for both health care staff and the general public, which focused on abuse prevention, identification, *The Protection for Persons in Care Act*, and the operation of the Protection for Persons in Care Office.
  - Protection for Persons in Care Office educational session evaluations indicated that 99% of respondents rated the sessions as Excellent, Very Good or Good, and 95% of respondents indicated that significant learning had occurred from the topics discussed.



3. French Language Services provided through Manitoba Health are accessible and provided in a timely and satisfactory manner to the French-speaking public of Manitoba.
  - All new material posted on the Manitoba Health website is available in both official languages; all public access phone lines have a bilingual voice mail menu, as well as available bilingual attendants, and all signs in public areas are in both official languages.
  - All public information campaigns are released in both official languages.
  - The 10 most visited French pages on Manitoba Health's website generated over 26,000 visits.
  - Only 2 complaints were received on the provision of French Language Services.
4. All Manitoba Health public documents, in paper or electronic format, are produced in French in a timely manner.
  - 93% of public documents were processed and translated within the 10 day target turnaround timeframe.
5. Stakeholders provided with web-based information in support of departmental goals and objectives.

#### Web Services:

- Provided support for the department's response to the pandemic H1N1 influenza, with immediate response to frequent posting of statistics, guidelines, fact sheets, forms and mailings to health care professionals.
- Developed a web-based version of the revised *Info Health Guide to Health Services in Manitoba*.
- Developed websites and online application forms to support the *Physical Activity and Healthy Eating* campaigns for the Healthy Schools initiative.
- Developed websites for *Eat Smart, Meet Smart* and the *Review & Rate VI* teen smoking prevention program.

6. The Manitoba Health Appeal Board and the Mental Health Review Board hold hearings and render decisions in a timely manner.

#### Manitoba Health Appeal Board:

- Held fair and independent hearings and made impartial decisions that were provided in writing to the parties in a timely manner for: 139 Authorized Charge appeals, 35 Insured Benefit appeals, 5 Home Care appeals and 1 Other (appeal under the *Emergency Medical Response and Stretcher Transportation Act*))

#### Mental Health Review Board:

- Processed 223 applications for appeal hearings as compared to 196 in 2008/09, of which 176 did not proceed to an appeal hearing for various reasons.
- Provided timely, fair, and impartial adjudication for 47 appeal hearings as compared to 49 appeal hearings in 2008/09. Rationale for decisions is mandatory and was provided to all parties for each hearing.
- Adjudicated and rendered independent decisions on appeals as specified in *The Mental Health Act*, according to the 21 day Regulation.

#### **2(d) Corporate Services**

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	1,292	19.00	1,273	19	
Other Expenditures	666		752	(86)	
External Agencies	253		250	3	
<b>Total Sub-Appropriation</b>	<b>2,211</b>	<b>19.00</b>	<b>2,275</b>	<b>(64)</b>	



## **Capital Planning**

Capital Planning provides for the planning and management of the construction and capital financing of hospitals, personal care homes and other health facilities.

### **The objectives are:**

- To oversee development and implementation of the provincial health capital program, and advise government on infrastructure and related policy and program requirements to support population health objectives and ensure the sustainability of health facilities in Manitoba.

### **The expected and actual results for 2009/2010 included:**

1. A Capital Plan that supports the department's population health objectives.
  - Oversaw infrastructure projects that supported investment in state-of-the-art medical equipment and the development of new programs as well as improved facilities, and enhanced community-based services.
  - Construction of new acute and primary health care facilities.
  - New infrastructure to support programs such as cancer care and renal health services.
  - Ongoing review and analysis of the capital sections of the regional health plans.
2. Health capital projects that are scoped and implemented in accordance with regional need and best practices, appropriate standards (program, design and construction) and negotiated cost limits.
  - Continued integration of universal access guidelines into new construction and major renovation projects wherever practical and according to identified needs.
  - Continued incorporation of the Power Smart Standards, to the greatest extent possible, for new construction and renovation projects.
  - Implementing the Green Building Policy for Government of Manitoba funded projects requiring all new capital projects to be built to a minimum LEED® (Leadership in Energy and Environmental Design) Silver rating or as close to a LEED® certified standard wherever practical.
  - The following projects have been completed, are registered with the Canadian Green Building Council (CaGBC), and are targeting to receive a level of LEED® Silver certification:
    - Seven Oaks General Hospital – Emergency Room Development – when certified by CaGBC, this project will represent the first government-funded health facility to achieve LEED® for Commercial Interiors (LEED®-CI).
    - Neepawa Personal Care Home - when certified by CaGBC, this project will represent the first government-funded health facility to achieve LEED® for New Construction (LEED®-NC).
    - Thompson Residential Care and Outreach Facility – (LEED®-NC).
  - The following projects are either in construction or are expected to proceed to construction shortly and are registered with CaGBC:
    - South East Personal Care Home – construction is scheduled to be completed in March 2011 (LEED®-NC)
    - Victoria General Hospital – Emergency Department and Oncology Redevelopment (LEED®-CI)
    - St. Boniface General Hospital – Cardiac Centre (LEED®-CI)
    - Brandon - Westman Regional Laboratory Redevelopment (LEED®-CI)
    - Brandon – Western Manitoba Cancer Centre (LEED®-NC)
    - Selkirk District General Hospital (LEED®-NC)
    - Pine Falls Primary Care and Traditional Healing Centre (LEED®-NC)
    - Health Sciences Centre – Mental Health Crisis Response Centre (LEED®-NC)
3. Transparent and equitable application of policies related to business practices, construction, department funding and community cost-sharing.
  - Ongoing function of the Branch in relation to all projects.
4. Timely and accurate information on the Capital Program, forecasting in the areas of infrastructure maintenance requirements and emerging program models, and development of appropriate program and policy options.

- Supported ongoing collaborative planning with RHAs to prioritize current and future safety and maintenance requirements.
- 5. Health care infrastructure that is sustainable and sufficiently flexible to meet the changing needs of the population, as well as requirements of innovation in service delivery.
  - Collaborated with the RHAs to identify new and emerging health care needs requiring new capital infrastructure to deliver services.
  - Continued to deliver a stable and appropriate number of safety, maintenance and repair projects.
  - Developed new facilities in support of new service delivery models and innovative services such as new community-based clinical diagnostics, treatment services and community-based surgical initiatives.

**Capital Projects completed:** During the 2009/10 fiscal year, the following project was completed:

*Acute Care:*

- WRHA – Victoria General Hospital – Emergency Department and Outpatient Redevelopment - Phase 1 This phase of the project created 12,185 square feet of new space for expanded emergency services and ambulance facilities.

**Capital Projects under construction:** During the 2009/10 fiscal year, the following projects went into construction:

*Acute Care:*

- WRHA – Victoria General Hospital – Emergency and Outpatient Redevelopment – Phase 2 - This phase of the project (which could not commence until Phase 1 was completed), will renovate some 11,625 square feet of the former Emergency Department.
- WRHA – Health Sciences Centre – Dialysis Expansion - This project will expand HSC's Dialysis program by 10 stations, accommodating 60 hemodialysis patients.
- Interlake RHA – Gimli Community Health Centre - This project will add a 4-station hemodialysis unit to the Gimli Community Health Centre, accommodating 16 patients.
- Brandon RHA – Western Manitoba Cancer Centre – This regional centre for cancer care will provide radiation therapy, chemotherapy, outpatient care and supporting cancer treatment services, and will house a new linear accelerator.

*Primary Care:*

- WRHA – Downtown East– Health and Community Social Services Centre (640 Main St.) - Integrating health and social services in a location of high need contributes to better health and social outcomes through proactive, preventative and holistic service delivery. Other notable outcomes from this approach include: reducing hospital admissions and emergency room use, reducing prolonged hospital stays, and improving access to family physicians.
- WRHA – Downtown West – Health and Community Social Services Centre (755 Portage Ave.) - This project is similar in scope and has the same objectives as the Downtown East capital project.
- Interlake RHA – Eriksdale Wellness Centre - This project will make cancer care and health services more accessible to patients in the Eriksdale area.
- Brandon RHA - Westman Laboratory - Redevelopment (Brandon RHA/Diagnostic Services of Manitoba). This project was staged to allow for continuous use of the laboratory during renovations. Phase 1 construction involves 10,000 square feet of new laboratory and related service space. Renovation of the existing mechanical and electrical systems, including new rooftop air handling units and exhausts will be done in phases. Phase 1 will be completed in June 2010. Phase 2 involves renovation of approximately 9,000 square feet of laboratory and administration space on the south side of the existing facility.

*Long-Term Care:*

- WRHA – South East Personal Care Home - This new 80-bed personal care home will be located in the southeast quadrant of Winnipeg (corner of Waverley Street and Lee Boulevard on the campus of the South East College). The Southeast Regional Development Council Corporation undertook this project to address longstanding concerns about having appropriate care for Aboriginal elders (Métis, Inuit, Dene, First Nations, and non-status individuals).

*Safety and Security:*

- In addition to the major projects completed and initiated, approximately 185 Safety and Security/maintenance projects were approved throughout the province.

**2(e) Capital Planning**

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	564	11.00	881	(317)	
Other Expenditures	146		209	(63)	
<b>Total Sub-Appropriation</b>	<b>710</b>	<b>11.00</b>	<b>1,090</b>	<b>(380)</b>	

**Drug Management Policy Unit**

The Drug Management Policy Unit was established to provide prospective, integrated and long term strategic policy and planning capacity on emerging drug management and utilization issues.

**The objectives were:**

- To provide provincial drug management expertise and strategic policy and planning leadership to facilitate the provision of integrated, co-ordinated, cost-efficient and effective, equitable, and sustainable publicly funded drug benefits across the continuum of care in Manitoba.

**The expected and actual results for 2009/10 included:**

1. Ongoing development and implementation of integrated, evidence-based drug use management policies and initiatives to facilitate appropriate utilization for prescription drug benefits and to ensure sustainable and equitable publicly funded drug benefits.
  - Introduced refinements to the Utilization Management Agreement process, a requirement in Manitoba for listing brand and generic drug benefits, managing promotion and appropriate prescribing, measuring health outcomes, and facilitating the utilization of the most cost-effective products.
  - In 2009/10, more than 75 Utilization Management Agreements were completed with product suppliers.
2. Strong collaborative relationships with external stakeholders in the development of drug management policy and implementation of initiatives.
  - The Drug Management Policy Unit co-led the establishment of the Pan-Canadian Oncology Drug Review, a national review process for cancer drugs, and co-led the establishment of the Western Collaboration on Pharmaceutical Pricing and Purchasing Strategies which will permit British Columbia, Alberta, Saskatchewan, Manitoba and Yukon to work together to influence drug utilization and prices, maximize price discounts and achieve consistent pricing across Western jurisdictions.
  - Manitoba Health chaired the National Prescription Drug Utilization Information System Advisory Group.
3. Enhanced communication among the department, health care community and key stakeholders in the pharmaceutical sector.
  - The Drug Management Policy Unit established annual business plan meetings with drug manufacturers to identify future product introductions and potential impacts on program expenditures.
  - In partnership with the Manitoba Innovation, Energy and Mines, continued the activities of the Pharmaceutical Liaison Committee to facilitate ongoing dialogue between government and industry stakeholders.
  - Enhanced industry and stakeholder relations through consultations and technical briefings, including manufacturers, wholesalers, consultants and pharmacy providers.
  - Ongoing dialogue with professional associations including the Manitoba Pharmaceutical Association and the Manitoba Society of Pharmacists.



**2(f) Drug Management Policy Unit**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2009/10 \$(000's)</b>	<b>FTE</b>	<b>Estimate 2009/10 \$(000's)</b>	<b>Variance Over(Under) \$(000's)</b>	<b>Expl. No.</b>
Salaries and Employee Benefits	648	8.00	640	8	
Other Expenditures	634		186	448	
External Agencies	95		93	2	
<b>Total Sub-Appropriation</b>	<b>1,377</b>	<b>8.00</b>	<b>919</b>	<b>458</b>	

**Manitoba Centre for Health Policy**

Provides funding to the Manitoba Centre for Health Policy for population health studies.

**The objectives were:**

- To support policy evaluation and research on priority health issues for Manitoba Health.

**The expected and actual results for 2009/10 included:**

1. Five major studies for Manitoba Health were initiated that provide an analysis and assessment of priority health issues in Manitoba.
  - Exploring the Relationship Between Housing, Mental Health and Other Health and Social Factors
  - Perinatal Services & Outcomes in Manitoba
  - Profile of Immigrant Health Status and Health Care Use Patterns
  - The Francophone Health and Health Care Use Atlas
  - Health Inequalities in Manitoba: is the socioeconomic gap widening or lessening over time?

The reports arising from these deliverables are expected to be completed after fiscal year 2009/10.

**2(g) Manitoba Centre for Health Policy**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2009/10 \$(000's)</b>	<b>FTE</b>	<b>Estimate 2009/10 \$(000's)</b>	<b>Variance Over(Under) \$(000's)</b>	<b>Expl. No.</b>
Salaries and Employee Benefits	-	-	-	-	
Other Expenditures	2,200		2,200	-	
<b>Total Sub-Appropriation</b>	<b>2,200</b>		<b>2,200</b>	<b>-</b>	



## **Health Workforce**

### **Insured Benefits**

Insured Benefits administers and ensures compliance with the acts and regulations for the Medical Program, Inter-Provincial Reciprocal Agreements, the Hospital Abstract Program, Out-of-Province Benefits, Audit and Investigations, the Third Party Liability Program and the Transportation Subsidy Program.

#### **The objectives were:**

- To provide policy direction and leadership to the Health Workforce Division in the development and delivery of insured health services, health labour relations negotiations and funding arrangements, and workforce strategies.
- To provide provincial leadership in the development of key strategic policy and program frameworks, and administer programs within legislative parameters, that provide access to insured benefits under the Medical Program, Registration and Client Services, Family Doctor Connection Program, Eligibility and Portability Agreement, Inter-Provincial Reciprocal Agreements, Registry Exchange, Hospital Abstract Program, Out-of-Province Benefits Inter-Provincial Hospital, and Medical Programs and the Transportation Subsidy Program.

#### **The expected and actual results for 2009/10 included:**

1. A sustainable health care system in Manitoba in accordance with legislative requirements.
  - Registration and Client Services
    - Visits to the Client Services counter increased from 42,646 in 2008/2009 to 54,114 in 2009/10. Client Services handled 122,899 telephone enquiries.
    - Issued 215,058 Manitoba Health Registration Cards and processed 83,866 address changes.
    - Issued 15,761 new Registration Numbers in Manitoba with 17,264 new certificates issued to 18 year olds receiving their own individual registration numbers in addition to 60,899 status changes (e.g. newborns, marriages, separations and deaths).
  - Medical Claims
    - Received and processed 20,383,883 physician services, 205,467 optometric services, 949,988 chiropractic services, 5,872 oral surgery services, and 42,693 registered nurse extended practice services.
    - Processed 255,535 services provided by Manitoba physicians to residents of other provinces for recovery of payments through the Inter-Provincial Reciprocal Agreement.
  - Out of Province Claims
    - Adjudicated 1,126 requests from Manitoba specialists from coverage of services outside of Manitoba.
    - Provided \$1.0 million in travel subsidies to 574 patients for 765 international and domestic trips.
    - Adjudicated 8,179 physician claims, 2,787 out-patient visits and 2,213 in-patient days for emergency care outside of Canada.
    - Paid \$10.3 million to other provinces and territories in accordance with the Inter-Provincial Reciprocal Billing Agreement for physician fees (excluding Quebec physicians) and \$35.7 million for hospital services on behalf of Manitoba residents who received care elsewhere in Canada.
    - Recoveries received by Manitoba Health as a result of reciprocal billings to other provinces and territories for care provided to their residents totaled \$14.3 million for physician fees (excluding Quebec physicians) and \$58.3 million for hospital services.
    - Represented Manitoba Health in 27 hearings of the Manitoba Health Appeal Board.
2. Customer focused service, through programs that provide access to insured medical and hospital benefits.
  - Customers who mailed in applications waited approximately 7 business days to receive Manitoba Health Registration Certificates.
  - Registration and Client Services achieved a time frame of 10 minutes on average in assisting clients.

3. Manitobans who are informed of, and receive, health benefits to which they are entitled.
  - The Family Doctor Connection Program handled 23,027 enquiries.

### 3(a) Insured Benefits

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	5,642	111.29	5,916	(274)	
Other Expenditures	2,191		2,081	110	
<b>Total Sub-Appropriation</b>	<b>7,833</b>	<b>111.29</b>	<b>7,997</b>	<b>(164)</b>	

## Medical Labour Relations

Medical Labour Relations represents Manitoba Health in negotiating agreements with physicians, oral/dental and maxillofacial surgeons, chiropractors and optometrists, and in remunerating these professionals in accordance with provincial regulations, policies and agreements.

The activities undertaken within the Branch provide for the planning, development and implementation of strategic policies for physician resources, recruitment support and medical profession regulation.

### The objectives were:

- To represent Manitoba Health in negotiations/arbitration concerning fee-for-service and alternate remuneration for medical and medical related health practitioners.
- To develop appropriate alternate funding arrangements with medical professionals and organizations within the health authority structure.
- To administer both fee-for-service and alternate funded agreements/arrangements.

### The expected and actual results for 2009/10 included:

1. A comprehensive compensation agreement for both fee-for-service and alternate funded physicians.
  - Management of RHA medical remuneration issues arising and articulated by RHAs and other stakeholders resulting from the 2008 Master Agreement between Doctors Manitoba and Manitoba Health.
  - Pursuant to the Tripartite Agreement; a schedule of the Master Agreement: Completion of the Intensive Care Unit working group; on-going discussions of shared care, hospital care by general practitioners, and rural and northern physician services working group; and, general interpretation of all 65 alternately funded agreements as well as continued management of Physician's Manual tariffs.
  - Preparation for negotiations and renewal of the Master Agreement: Conducted two negotiation planning days in the fall and winter of 2009; initial contact was made with external stakeholders to ask them to prepare for consultations occurring in early 2010/11; and, internal stakeholder planning began in early 2010.
2. Renewal of agreements with other medical related health practitioner groups, as they expire.
  - Oncologists providing medical service on behalf of CancerCare Manitoba.
  - Manitoba Chiropractors Association
  - Manitoba Association of Optometrists
  - AMDOCs for physician service in Cross Lake, Manitoba.
  - Manitoba Dental Association
  - Oral and Maxillofacial Pathology Laboratory Service Agreement (Faculty of Dentistry)
  - Manitoba Locum Tenens Program and Northern Medical Unit for the provision of service to rural and northern Manitoba.

3. Clearly defined mandates and organizational goals for Medical Labour Relations.
  - Set branch mandates and organizational goals through negotiation planning days.
  - Restructure Medical Labour Relations by incorporating responsibility for representing departmental interest in non-physician negotiations.
  - Established a new leadership position and analyst position responsible for managing non-physician negotiation issues at no incremental cost to the Department.
4. An efficient and effective information network to support Medical Labour Relations in its decision making.
  - Implemented improvements to the RHA reporting of medical remuneration expenditures and RHA changes to physician human resources.
  - Improved information sharing intra-departmentally in support of the branches on-going management of medical remuneration compensation agreements.

**3(b) Medical Labour Relations**

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	882	12.00	1,012	(130)	
Other Expenditures	259		387	(128)	
External Agencies	1,097		1,132	(35)	
<b>Total Sub-Appropriation</b>	<b>2,238</b>	<b>12.00</b>	<b>2,531</b>	<b>(293)</b>	

## Workforce Policy and Planning

### The Objectives Were:

- To identify strategies and provide policy direction which support the recruitment and retention of healthcare professionals (physicians, nurses and allied health professionals) to deliver healthcare services in Manitoba.
- To review, assess and advise on collective bargaining issues relating to the nursing, professional/technical and paramedical, maintenance and trades, and support sectors.

### The Expected and Actual Results for 2009/10 Included:

1. Collaboration with system stakeholders to identify strategies and facilitate the implementation of initiatives that support the recruitment and retention of nurses, physicians and allied health professionals.

### PHYSICIANS

- Continue to promote regular, frequent and inclusive communication between the Physicians Resource Coordination Office, RHAs, the Office of Rural and Northern Health, the University of Manitoba, Faculty of Medicine, the College of Physicians and Surgeons of Manitoba, medical students and various community stakeholders. The Physicians Resource Coordination Office continues to regularly review current approaches to recruitment and retention, identification of gaps and facilitation of solutions to these gaps.
- The Physicians Resource Coordination Office is also in a direct coordination role of regional recruitment efforts, which has led to improved coordination/ transparency of the efforts towards recruitment and retention of physicians.

### NURSES

- The Manitoba Nursing Advisory Council serves to provide a forum for key nursing stakeholder organizations for direct, open discussion of nursing issues, to contribute to health policy from a nursing perspective, and support communication among nursing groups and government. In an advisory capacity to the Minister of Health, through Departmental staff, the role of Manitoba Nursing Advisory Council is to provide comprehensive nursing expert advice on nursing matters, recommend options to address nursing issues, and support and participate in the implementation of the Province's nursing strategy.



- The Health Workforce Strategies branch, in collaboration with stakeholders, is leading the development of an integration service for internationally educated health professionals. Internationally educated nurses will be major recipients of this service due to their high numbers relative to other internationally educated health professionals. Physicians will continue to be served by the Physicians Resource Coordination Office,
- In 2009, Manitoba welcomed 122 nurses as part of the 2008 recruitment mission to the Philippines. To date, 117 have passed the Canadian Registered Nurses Exam and are working as registered nurses in four rural RHAs, which surpasses the 100-nurse recruitment target. The remaining nurses are working as graduate nurses until they complete the licensing exam. Health Workforce Strategies branch continues to collaborate with RHAs and monitor the results of the Philippine nurse recruitment. A preliminary report is anticipated in the fall of 2010.

#### **ALLIED HEALTH**

- Health Workforce Strategies branch continues to consult with key stakeholders including RHAs, regulatory bodies, colleges, Red River College, the University of Manitoba and Diagnostic Services of Manitoba in response to identified shortages. The Health Workforce Strategies branch facilitates discussions around various strategies to alleviate these shortages through recruitment and retention initiatives to address the supply of allied health care professionals in the province.

#### **2. Appropriate number of education seats for health professionals.**

#### **PHYSICIANS**

- Manitoba Health continues to work with the University of Manitoba, Faculty of Medicine, to ensure that an appropriate number of post-graduate seats are in place in keeping with increases in undergraduate medicine.
- The Physicians Resource Coordination Office continues to work with stakeholders, including the University of Manitoba, Faculty of Medicine, to identify gaps and implement improvements leading to increased accessibility to training programs, the most recent example being the Physician Assistant Training Program.
- The Northern/ Remote Physician Placement Initiative, established in 2008, with increased capacity in 2009 (moving from 10 to 15 seats), will directly address the retention of graduates in northern/remote settings. Students are expected to return two years of service in exchange for a placement in a specialty program at the University of Manitoba, Faculty of Medicine.

#### **NURSES**

- The Health Education Liaison group, composed of Health, Advanced Education and Literacy and Competitiveness, Training and Trade meets, among other objectives, to: monitor human resources trends and student enrollments in the health care sector and, when appropriate, recommend educational initiatives to address such issues as access, recruitment and retention; and to examine legislative, workforce and other issues related to the educational preparation of health professionals and allied health workers.
- Total enrollments in nursing education programs have more than doubled since 1999 due to seat expansions at the University of Manitoba, Brandon University, Red River College, Assiniboine Community College, Collège Universitaire de Saint-Boniface and University College of the North.
- Training seats increased to 1,305 in 2009/10 from 1,121 in 2008/09. Manitoba has also increased nurse training seats throughout the province with the Bridging Program for Internationally Educated Nurses at Red River College, LPN to RN rural rotating program that has been delivered in several communities including Gimli, Morden/Winkler, Dauphin and Portage and the LPN training program in St. Theresa Point. Seventy-four new nurse training seats were announced last year at Red River College, Brandon University, University of Manitoba and University College of the North.

#### **ALLIED HEALTH**

- The department agreed to provide funding for two seats in the two-year prosthetics and orthotics training program at British Columbia Institute of Technology starting in 08/09. Funding is available through the Diagnostic Medical Equipment Fund and will include seat and lab costs for a total of \$86,232 for 2 students over two years. One student has since discontinued her studies and the second student, who is now completing his second year, will be reimbursed their tuition



costs on the condition that they return to work in Manitoba upon graduation for their two-year internship and one-year post-internship.

- An updated agreement (effective July 1, 2007 to June 30, 2010) has been finalized for three students annually in the nuclear medicine technologist training program at the Southern Alberta Institute of Technology. Funding consists of \$21,464.00 per student per year. Students sign return-of-service agreements in order to ensure employment in Manitoba following completion of the training program. Three new students began the program in fall 2009; two from Winnipeg and one from Brandon. Since the 2004/05 intake only one graduate has left the province; all others have returned to work in Manitoba.
  - The department changed the previous post-employment training model for the Medical Radiologic Technology and Medical Laboratory Technology program to a pre-employment model, for the 3 year period from 2007/08, up to and including 2009/10. The department is fully funding the annual costs of the program (\$117,968.00 for 2007/08, \$135,130 for 2008/09, and \$152,654 for 2009/10) and included 10 students in 09/10.
  - Manitoba Health provided funding (\$58,863.65) to the Ultrasound training program at the Health Sciences Centre to increase enrollment by 3 seats (10 to 13) for fall 2009.
3. Improved retention of new Manitoba graduates in health care settings through the NRRF and Physician Resource Co-ordination Office initiatives.

#### **PHYSICIANS**

- Over 60% of the 2009 graduating medical class from the University of Manitoba, Faculty of Medicine, will be staying in Manitoba, one of the highest levels ever.
- 80.7% of the international medical graduates who graduated from the Medical Licensure Program for International Medical Graduates program between 2002 and 2006 remain in rural Manitoba. The International Medical Graduate Assessment for Conditional Licensure, a relatively new program, has retained 94% of the graduates in 2007 while 90.5% of the graduates of the 2008 program remain in Manitoba.

#### **NURSES**

- In July 2004, the Nurses Recruitment and Retention Fund implemented a Conditional Grant Program to encourage new RN and RPN graduates to consider employment opportunities in rural and northern Manitoba (outside Winnipeg and Brandon). New graduates meeting the criteria receive a grant in the amount of \$4000. The Conditional Grant Program has provided over \$1.8 million to recruit and retain nurses to rural and northern RHAs and to retain Manitoba nursing graduates in the province.
  - 112 conditional grant applications totaling \$448,000 have been approved and paid to date in 2009/10. Since the inception of the Conditional Grant Program, 494 rural vacancies have been filled as of March 31, 2010.
4. Evaluate and monitor recruitment, retention and education strategies from data provided by the regulatory bodies, the regional health authorities and Manitoba Advanced Education and Literacy.

#### **PHYSICIANS**

- The College of Physicians and Surgeons of Manitoba Annual Report notes an increase in the number of physicians in Manitoba (2325 in 2008 increased to 2382 in 2009), demonstrating an improvement in the recruitment of physicians.
- Implementation of the Physician Recruitment and Retention Strategy is anticipated to continue meeting short/medium/ long term issues more proactively.

#### **NURSES**

- The department tracks vacancies, enrollments, and education seats and monitors data through information provided by nursing regulatory bodies, RHAs, and COPSE. The Manitoba Labour Market Supply Report is produced annually. For example:
  - There were 16,624 active practicing nurses in Manitoba in 2009, according to registration data received from the College of Registered Nurses of Manitoba, College of Registered Psychiatric Nurses of Manitoba and College of Licensed Practical Nurses of Manitoba. This is a net gain of 498 more nurses from 2008, and 2,532 more than in 1999.

- The recruitment and retention strategies for nurses such as relocation assistance, attendance at local and national career fairs, and advertising in nursing magazines is administered by the Nurses Recruitment and Retention Fund. As of March 31, 2010, the Nurses Recruitment and Retention Fund has provided relocation assistance to a total of 1,318 individuals who have moved to Manitoba to work as nurses since 1999.

### **ALLIED HEALTH**

- The department tracks the vacancy rates of different allied health professions submitted by various stakeholders, including Diagnostic Services of Manitoba and the regions.
5. Assessment and recommendations provided on collective agreements and contract negotiations.
- Through support in the development of strategies for monetary and non-monetary proposals for mandate approval by government which support negotiations of collective agreements, recruitment and retention is expected to improve. The Community Support Sector Collective Agreement (home care – approximately 5,300 employees) expired on March 31, 2009. The Manitoba Nurses Union Collective Agreement (approximately 12,000 nurses) expired on September 30, 2009. Negotiations for both sectors are ongoing. Manitoba Health is committed to ensuring that wage rates in the next agreements remain competitive.

### **3(c) Workforce Policy and Planning**

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	935	13.00	904 *	31	
Other Expenditures	160		155 *	5	
<b>Total Sub-Appropriation</b>	<b>1,095</b>	<b>13.00</b>	<b>1,059</b>	<b>36</b>	

\* includes enabling appropriation for Wait Time Initiatives

## **Public Health and Primary Health Care**

Public Health and Primary Health Care focused on a number of key planning and policy areas throughout the year, including healthy living, primary care, Aboriginal health, mental health, addictions, spiritual health care and chronic disease. As a result of the cabinet shuffle in November 2009, healthy living and addictions were moved to the purview of the new department of Healthy Living, Youth and Seniors. In February 2010, due to the reorganization of the Department, additional changes were made to the Division's portfolio, including the addition of wait times reduction and public health, and the reassignment of mental health, spiritual health care, Selkirk Mental Health Centre and the Office of the Chief Provincial Psychiatrist. The Division continues to provide direct service through the Northern (provincial) Nursing Stations.

This division also supports the Cross-Department Coordination Initiatives, a partnership with the departments of Health, Housing and Community Development, Family Services and Consumer Affairs, and Healthy Living, Youth and Seniors. In partnership with the regional health authorities and the community, Cross-Department Coordination Initiatives identifies and reviews policy issues, coordination approaches and service delivery with respect to housing and supports for the seniors population, individuals with mental health issues and individuals who are homeless or at risk of being homeless. The work of the unit is focused on creating a range of adequate and affordable housing options with related health and social service supports through the development and coordination of programs and service delivery mechanisms. Using a horizontal management approach and working in collaboration with government and community partners, Cross-Department Coordination Initiatives proposes enhancements and improvements or alternatives to housing policy and support services for these specific populations.

## **Administration**

### **The objectives were to:**

- To lead the development of strategies and initiatives, provide direction, co-ordination and support to Manitoba Health and other departments whose programs and services contribute or could contribute in achieving Manitoba Health's goals and priorities specific to the division.
- To provide leadership and direction to ensure that the health issues and needs of Aboriginal people are considered and prioritized within department initiatives and services.
- To provide leadership and direction to ensure that the nursing stations in northern communities can provide quality health care within fiscal and jurisdictional parameters.
- To provide leadership and direction, provincially and inter-governmentally, for the improvement of health outcomes of priority populations, including Aboriginal people, women, children, seniors and persons with disabilities.
- To provide leadership and direction in the prevention and management of chronic disease for the province.
- To provide leadership and direction in the areas of mental health and spiritual health care for the province.
- To develop provincial policies for chronic disease prevention and management, Aboriginal health, mental health, spiritual care and other related emerging health issues.
- To lead the development of coordinated policy and program initiatives that provide affordable, community-based housing with appropriate health and social supports for seniors, individuals with mental health issues, and individuals who are homeless or at risk of homelessness.

### **The expected and actual results for 2009/10 included:**

1. Increased collaboration among partners and stakeholders to improve strategies, initiatives, services and programs that address:

#### Primary Care:

- Through leadership and coordination, encouraged the support, participation and collaboration of partners and stakeholders in initiatives to improve access to and quality of primary health care for northern Manitobans, including midwifery services and physician services.
- Through oversight and strategic direction on initiatives such as Advanced Access, CareLink, electronic medical record, MBTelehealth, Maternal and Child Health Services, Physician Integrated Network and the Provincial Health Contact Centre, contributed to a comprehensive approach to effective primary prevention and primary care.

#### Aboriginal Health:

- Collaborated within the provincial government, regional health authorities, and with federal, First Nations and Métis partners to address the health needs of the Aboriginal population with policies and programs that enhance relationships, promote healthy living and prevention activities, and improve health services.
- Coordinated and chaired the H1N1 Flu Tripartite Table, promoting effective and efficient communication and issues management with First Nations, Métis and provincial and federal government partners during the pandemic influenza outbreak.

#### Mental Health:

- Through leadership and issues management, guided the development of provincial initiatives such as the Mental Health Strategic Plan, the Youth Suicide Prevention Strategy, and the Provincial Eating Disorders Prevention and Recovery Program.

#### Spiritual Care:

- encouraged the integration of spiritual health care work within the Department and regional health authorities and supported planning of the Strategic Planning Day for Spiritual Health Care in Manitoba.



Chronic Disease:

- Provided leadership and strategic direction on policies and strategies for health promotion and chronic disease prevention and management, such as 'Diabetes in Manitoba Call to Action,' provincial stroke service development and the Chronic Disease Prevention Initiative.
- Assisted in relationship building and enhanced communication with community organizations, non-governmental organizations, and provincial and federal government partners to improve the organization and delivery of health care for people with chronic disease and target initiatives for high-risk populations, such as Aboriginal people, new immigrants and low-income families.

Homelessness and Mental Health Housing:

- Assisted all government levels with the review and coordination of community housing and support proposals. Provided leadership in the development of strategic partnerships and coordinated planning, implementing, and monitoring of projects providing enhanced access to housing with related health and social service supports.
- Provided leadership in research and education around Housing First across the province and with community partners.
- Provided strategic leadership and direction in the development of the Homeworks! Homeless Strategy with a focus on Mental Health Housing. This multi-department initiative aims to address the affordable housing and support needs of vulnerable Manitobans, and is specifically targeted for individuals with mental health, addictions and homelessness issues.

**4(a) Administration**

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	655	9.46	779	(124)	
Other Expenditures	503		1,295	(792)	
<b>Total Sub-Appropriation</b>	<b>1,158</b>	<b>9.46</b>	<b>2,074</b>	<b>(916)</b>	

**Chief Provincial Psychiatrist**

The Office of the Chief Provincial Psychiatrist is responsible for carrying out required legislated and non-legislated functions in order to protect and promote the improved mental health status of Manitobans.

**The objectives were:**

- To carry out required statutory and non-statutory functions by administering *The Mental Health Act* and the Orders of Committeeship Program; provide professional consultation to the health care system; and promote the recruitment and retention of psychiatrists in order to promote the health and well-being and optimize the mental health status of Manitobans.

**The expected and actual results for 2009/10 included:**

1. Preservation of patients' rights under *The Mental Health Act*.
  - Continued to promote effective operation of *The Mental Health Act* and regulations.
  - Responded to numerous inquiries regarding interpretation and practical application of *The Mental Health Act*.
  - Consulted as required with the Manitoba Health Legislative Unit and Manitoba Justice Civil Legal Services to assist in the proper interpretation and application of *The Mental Health Act* and regulations.
2. Interpretation and application of *The Mental Health Act*.
  - Offered and provided educational sessions for psychiatric facilities, professionals, consumers, families and appropriate agencies regarding *The Mental Health Act*.
  - Implemented the Manitoba Health policy entitled "Order of Committeeship Issued by the Director of Psychiatric Services," setting out the policies and procedures followed by the Office of the Chief Provincial Psychiatrist in managing the Orders of Committeeship Program.



3. Issuance of new Orders of Committeeship and Authorizations of Transfer, and cancellation of previous Orders of Committeeship.
  - Processed 311 Certificates of Incapacity applying for Orders of Committeeship and issued 275 new Orders of Committeeship appointing The Public Trustee of Manitoba as committee of the person's property and personal care.
  - Cancelled eight previous Orders of Committeeship.
  - Issued 61 Authorizations of Transfer approving the transfer of patients between psychiatric facilities within and outside of Manitoba.
  - Pursuant to the Order of Committeeship policy, provided an interview with the Director of Psychiatric Services to persons who submitted a written objection to the Notice of Intent to issue an Order of Committeeship, prior to the appointment of the Public Trustee as committee.
  - Maintained required working liaison with the Office of The Public Trustee of Manitoba in order to facilitate proper administration of the Orders of Committeeship Program.
4. Enhanced recruitment and retention of psychiatrists for under-serviced areas of Manitoba.
  - Two specialists in psychiatry, who successfully completed their periods of enrollment in the Career Program in Psychiatry, continued to fulfill their return of service commitments in rural Manitoba and in Psychogeriatric Psychiatry. Psychiatric services have thereby been enhanced in the regional health authorities of Burntwood and Central.
  - Two University of Manitoba residents in the specialty of psychiatry participated in the Career Program in Psychiatry, accruing return of service commitments in rural Manitoba.
  - Provided consultation and advice to relevant agencies regarding the recruitment and retention of psychiatrists in Manitoba.
5. Consultative liaison with regional health authorities and other sectors of the health care system.
  - Maintained relevant link and appropriate consultation with the regional health authorities regarding various aspects of the mental health system.
  - Provided professional consultation, liaison and advice regarding mental health practice, programming and policy and the statutory implications of *The Mental Health Act* to clients, stakeholders and various sectors of the health system.
6. Orders of Committeeship Program and the regulated Forms under *The Mental Health Act* are tracked.
  - Continued data entry for the computer databases for *The Mental Health Act* and the Orders of Committeeship Program. Additional computer databases were operational for selected data analysis during the year.

#### 4(b) Chief Provincial Psychiatrist

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	442	2.40	308	134	
Other Expenditures	36		62	(26)	
<b>Total Sub-Appropriation</b>	<b>478</b>	<b>2.40</b>	<b>370</b>	<b>108</b>	

## Healthy Living and Healthy Populations

When the new cabinet was announced in the fall of 2010, a new Department, Healthy Living, Youth and Seniors was created. A portion of the Healthy Living and Healthy Populations appropriation was transferred over to the new department and is included in the Healthy Living, Youth and Seniors annual report.

**4(c) Healthy Living and Healthy Populations**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2009/10 \$(000's)</b>	<b>FTE</b>	<b>Estimate 2009/10 \$(000's)</b>	<b>Variance Over(Under) \$(000's)</b>	<b>Expl. No.</b>
Salaries and Employee Benefits	-	-	-	-	1
Other Expenditures	270		907	(637)	
External Agencies	242		238	4	
<b>Total Sub-Appropriation</b>	<b>512</b>	<b>-</b>	<b>1,145</b>	<b>(633)</b>	

1. Portion of appropriation was transferred to Healthy Living, Youth and Seniors.

**Aboriginal Health**

The Aboriginal Health Branch is Manitoba's key resource on Aboriginal health issues with respect to the development of policies which affect strategies, initiatives and services for the Aboriginal community. Aboriginal Health acknowledges and supports the cultural diversity among First Nations, Métis and Inuit populations in Manitoba, and works in collaboration with other branches within the department, other provincial departments, RHAs, Aboriginal political territorial organizations, communities and the federal government to meet that mandate.

**The objectives were:**

- To develop, prioritize, implement, and analyze strategic health initiatives and programs to improve health outcomes for Aboriginal people and thereby reduce the gap in health outcomes between Aboriginal people and all Manitobans.

**The expected and actual results for 2009/10 included:**

1. Culturally competent provincial programs, policies and strategies based on best practices, standards and research.
  - Co-chaired committee on *Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy* that aims to reduce the incidence of suicide attempts/completions by focusing on at-risk and high-risk Aboriginal youth and activities that will benefit Métis and First Nations communities.
  - Provided policy advice to the First Nations Personal Care Home Licensing Initiative, information to First Nations, and support during negotiations with the federal government as part of an inter-jurisdictional process.
  - Participated as steering committee members for Pine Falls Aboriginal Traditional Healing Center.
  - Collaborated in the development of the provincial Métis policy.
  - Worked closely with the Manitoba Renal Program to continue to support appropriate renal health for Aboriginal people.
2. Improved accountability between Manitoba Health and RHAs respecting the health of Aboriginal people in respective regions.
  - Provided support to RHAs to enhance Aboriginal involvement in Regional Suicide Prevention Committees through the Manitoba's Youth Suicide Prevention Strategy.
  - Administered the Adaptation Envelope for the federal Aboriginal Health Transition Fund.
3. Improved working relationships and collaboration among Manitoba Health, the federal government, Aboriginal groups, provinces/territories and other stakeholders.
  - Participated in multi-sectoral, inter-jurisdictional committees to provide support on issues affecting Aboriginal health including, but not limited to: Shamattawa Integrated Working Group, Intergovernmental Committee on Manitoba First Nations Health, Manitoba First Nations Personal Care Home Networking Group, H1N1 Flu Tripartite Table, Pitawik Regional Aboriginal Women's Gatherings, and Aboriginal Health Transition Fund partnership working groups and sitting committees.

4. Increased linkages between the RHAs and Aboriginal organizations within their geographic area.
  - Encouraged RHAs to engage Aboriginal organizations within their geographic region.
  - Linked RHAs and Aboriginal organizations and communities to ensure appropriate representation of the priorities of the RHAs, First Nations and Métis.
5. Reduced gap between the health of Aboriginal people and the rest of Manitobans.
  - Supported the development of initiatives to address the social determinants of health through the engagement of multiple sectors in planning and day-to-day operations.
  - Focused initiatives on wellness and healthy living to reduce the gap in health status by increasing participation of Aboriginal people in health programs and encouraging their involvement in RHAs.
6. Enhanced relationships with Aboriginal communities, leadership and organizations.
  - Pitawik, regional gatherings of Manitoba's Aboriginal women, took place for the purpose of advising on the issues of Aboriginal women.
  - Participated in discussions with Berens River, Cross Lake, Island Lake, Norway House, Misipawistik Cree Nation, Opaskwayak Cree Nation and other associated communities for the purposes of health care planning, administration and delivery requests.
7. Increased access to healthy living initiatives for Aboriginal communities.
  - Collaborated on healthy living initiatives to promote wellness and illness/injury prevention for Aboriginal communities, such as Manitoba's Youth Suicide Prevention Strategy and a demonstration project at Opaskwayak Cree Nation.
8. Increased cross-department initiatives allowing for better co-ordination of wellness initiatives that target the key determinants of health.
  - Supported initiatives that address key determinants of health in First Nations communities, working in partnership at the Intergovernmental Committee on Manitoba First Nations Health table with other provincial departments, the federal departments of First Nations and Inuit Health and Indian and Northern Affairs Canada, and First Nations organizations.

#### 4(d) Aboriginal Health

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	278	5.00	378	(100)	
Other Expenditures	180		190	(10)	
<b>Total Sub-Appropriation</b>	<b>458</b>	<b>5.00</b>	<b>568</b>	<b>(110)</b>	

## Chronic Disease

### The objectives were:

- To work towards a health care system that is responsive to the needs of people with or at risk for chronic disease.
- To improve and sustain capacity for chronic disease prevention at community, regional, organizational and government levels.

### The expected and actual results for 2009/10 included:

1. Improvement in the organization and delivery of health care for people with chronic disease, including interprofessional teams and case managers, electronic information systems, self-management supports and client-centered care.
  - Funded peer leader training throughout the province to help people living with chronic disease gain the skills and confidence to manage their condition and maintain active and fulfilling lives.
  - Updated the Manitoba Diabetes Care Recommendations for physicians, diabetes educators and other health care professionals to reflect the 2008 national clinical practice guidelines produced by the Canadian Diabetes Association.



- Released *Diabetes in Manitoba: A Call to Action* as the foundation for a province-wide action plan to reduce the burden of type 2 diabetes and chronic disease.
2. Better care for high-risk populations (i.e. Aboriginal people, other ethnic groups and low-income families) that includes identification of people at risk and services to prevent and manage chronic disease to prevent complications.
    - As part of the province-wide Regional Diabetes Program, to date:
      - Funded training for approximately 800 health care providers to screen and educate Manitobans about their risk of developing type 2 diabetes, diabetes complications and other chronic diseases.
      - Funded mobile retinal screening clinics in over 50 northern communities and conducted almost 1900 screens to prevent vision loss and blindness in people with diabetes.
    - Supported a pre-diabetes screening pilot project in partnership with the Winnipeg Regional Health Authority and the Public Health Agency of Canada. High-risk and immigrant populations in Winnipeg were screened for pre-diabetes and provided with education to reduce risk factors for type 2 diabetes.
    - Funded a public awareness campaign on stroke warning signs and risk factors by the Heart and Stroke Foundation of Manitoba in northern and rural communities of Manitoba.
  3. Co-ordinated and sustained action on prevention that includes a strategic combination of healthy public policy, targeted clinical care, supportive environments and community-based approaches to promote healthy choices in every setting.
    - As part of the the Chronic Disease Prevention Initiative:
      - Provided funding and support for 83 communities across the province to implement action plans for smoking cessation, physical activity and healthy eating.
      - Collaborated with the Lung Association of Manitoba on a Blue Light Project to help people protect themselves from second-hand smoke in their homes.
      - Funded and co-ordinated a Share and Learn Forum in Winnipeg to provide community, regional and provincial partners with an opportunity to learn, network and share new information and best practices on chronic disease prevention.
    - Launched a social marketing campaign, entitled "Reduce Your Risk," to raise awareness and drive individual action for the prevention of type 2 diabetes.
  4. Surveillance systems that support better tracking, research, public reporting and program/policy development on chronic disease.
    - Worked with Public Health Agency of Canada to improve and standardize chronic disease surveillance provincially and across Canada.
    - Released a comprehensive surveillance report and accompanying public summary to provide information on diabetes and its consequences in Manitoba and inform program and policy development.

#### 4(e) Chronic Disease

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	718	8.50	621	97	1
Other Expenditures	1,953		542	1,411	2
<b>Total Sub-Appropriation</b>	<b>2,671</b>	<b>8.50</b>	<b>1,163</b>	<b>1,508</b>	

Explanation Number:

1. Portion of appropriation was transferred to Healthy Living, Youth and Seniors
2. Over expenditures offset by recoveries from Federal government



## **Primary Care**

### **The objectives were:**

- To support the Minister of Health, Executive Management and the regional health authorities (RHAs), in building an integrated primary care system.

### **The expected and actual results for 2009/10 included:**

1. Improved access to quality primary care using a variety of strategies such as Advanced Access.
  - Funded and co-ordinated 16 primary and specialty clinics to successfully complete the Advanced Access training, enabling them to offer patients same-day access to a primary care provider and five-day access to a specialist.
  - Initiated Phase 2 of Advanced Access to train an additional 14 primary and specialty clinics.
  - Began training of faculty at the University of Manitoba, Department of Family Medicine, Continuing Medical Education, to develop local expertise in the implementation of Advanced Access.
2. Increased comprehensive care through the implementation of multidisciplinary teams.
  - In order to maximize the contribution of all team members, the Advanced Access process engaged participants in the re-evaluation of existing provider roles.
  - Increased the engagement of fee-for-service family physician group practices participating in the Physician Integrated Network from 4 to 13 and attained a balance of rural and urban locations.
  - Supported the Physician Integrated Network sites to develop and implement unique plans for addressing the Physician Integrated Network objectives and quality indicators.
  - Completed a comprehensive evaluation of the first phase of Physician Integrated Network, which reported progress on two of the four Physician Integrated Network objectives: improving access to and use of information and demonstrating high quality primary care. Some advancement was made in improving access to other primary care providers.
3. Appropriate allocation of primary health care resources to the RHAs.
  - Supported implementation of 13 Maternal and Child Healthcare Services initiatives to support effective prenatal and post partum care closer to home, address service gaps and promote promising practice across the province.
  - Supported RHAs to introduce innovations in best practice in perinatal health services.
  - Began development of a Winnipeg birth centre, which will provide comprehensive maternal and newborn health services.
4. Improved continuity of care through the development of linkages across systems of care (primary, secondary and tertiary), and among community (primary care) services by implementing initiatives such as CareLink.
  - In partnership with Canada Health Infoway, continued to develop the CareLink project, which uses supportive information technology tools to improve timely access to the appropriate primary care providers:
    - Expanded chronic disease self-management services throughout Manitoba (with a focus on rural, northern and remote regions) for patients with heart failure and type 2 diabetes through TeleCARE Manitoba, a telephone-based nursing service provided through the Provincial Health Contact Centre.
    - Expanded the MBTelehealth network with the addition of eight sites to provide equitable access for Manitobans without a telephone.
    - Planned and developed the infrastructure of after hours access to address client access to primary care outside of clinic hours.
5. Development of a planning network for primary care.
  - Developed a strategic vision of building primary care as the foundation of our health care system.

6. Increased capacity in RHAs to implement innovative and effective system changes in primary care using quality improvement methodology.
  - In order to increase regional capacity, began work with the RHAs to outline patient pathways for high quality, efficient and coordinated maternal/newborn health services and to develop processes for multidisciplinary coordinated provincial maternity care planning.
7. Successful implementation of RN(EP)s and midwives across the province of Manitoba and in accordance with provincial standards.
  - Through intensive support, assisted the RHAs in successfully implementing new nurse practitioner positions. From 2005 to 2009, the number of Manitoba Health nurse practitioners has grown from 4 to 57. Recruiting to rural and northern Manitoba is progressing with three RHAs hiring their first nurse practitioners.
  - Assisted RHAs in planning for and sustaining midwifery services. From 2000 to 2009, the number of funded midwifery positions has grown from 12 to 44.5.

#### 4(f) Primary Care

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	187	4.50	374	(187)	
Other Expenditures	286		507	(221)	
External Agencies	170		168	2	
<b>Total Sub-Appropriation</b>	<b>643</b>	<b>4.50</b>	<b>1,049</b>	<b>(406)</b>	

### Northern Nursing Stations

#### The objectives were:

- To provide quality health care to the communities of Chemawawin Cree Nation/Easterville, Misipawistik Cree Nation/Town of Grand Rapids and Mosakahiken Cree Nation/Moose Lake through the management of the community nursing stations.

#### The expected and actual results for 2009/10 included:

1. Sufficient staffing and operating resources, and appropriate direction and co-ordination to enable nursing station staff to provide quality primary and emergency services to the communities they serve.
  - Managed staff and related staffing issues, such as enhanced ongoing education and training opportunities and an enhanced role for Nurses in Charge including input into some administrative decisions.
  - Continued development of health care operations to meet best practice standards such as an expanded formulary, MBTelehealth and CareLink connectivity, enhanced policy renewal, workplace health and safety standards updates, upgraded equipment and facility improvement.
  - Focused on health human resources through promotion, recruitment and accommodation to allow for required and sustainable operations.
  - Planned and encouraged sustainable operations through ongoing partnership development with local, regional, provincial and federal stakeholders.
2. Ongoing support of the negotiation process among Manitoba Health, First Nations and Inuit Health, Health Canada and the three First Nations together with their adjoining communities to enable development of local governance of the community nursing stations.
  - Liaised with communities, local First Nations health authorities, regional health authorities, J.A. Hildes Northern Medical Unit, Government of Manitoba, First Nations and Inuit Health and Health Canada for the purposes of communication and planning.

**4(g) Northern Nursing Stations**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2009/10 \$(000's)</b>	<b>FTE</b>	<b>Estimate 2009/10 \$(000's)</b>	<b>Variance Over(Under) \$(000's)</b>	<b>Expl. No.</b>
Salaries and Employee Benefits	2,411	22.37	2,308	103	
Other Expenditures	2,574		1,912	662	
<b>Total Sub-Appropriation</b>	<b>4,985</b>	<b>22.37</b>	<b>4,220</b>	<b>765</b>	

**Mental Health and Spiritual Care**

Mental Health provides leadership, support and coordination to the mental health systems in Manitoba.

**The objectives were:**

- The Mental Health and Spiritual Care branch provides leadership, support and direction to the mental health and spiritual health care in Manitoba. Its objectives are to work collaboratively with the provincial mental health and spiritual care programs to:
  - develop strategies and policies across a continuum from prevention to tertiary care.
  - provide information, advice and recommendations that support effective planning and decision-making.
  - undertake ongoing environmental scans for the identification of emerging issues and best practices related to mental health, addictions and spiritual care.
  - develop and support practices that enhance system accountability.

**The expected and actual results for 2009/10 included:**

1. Evidence-based policies for the health sector that reflect concerns of priority populations.
  - Continued participation on the Trauma Planning Leadership Committee, whose goal includes increasing capacity and awareness to better respond to the needs of people affected by trauma.
  - Continued work on the creation of a Community Mental Health Crisis Response Centre in Winnipeg to provide specialized mental health crisis resources.
  - Completed first full year of implementation of the initiatives of the Youth Suicide Prevention Strategy with a focus on Aboriginal youth.
2. Strong working relationships with external stakeholders in policy and program development.
  - Developed strong working relationships with external stakeholders in the development of provincial mental health and spiritual health care policy and programs. External stakeholders played a significant role in the planning process for the provincial Mental Health Strategic Plan, the development of the Youth Suicide Prevention Strategy, the Homeworks! Homeless Strategy with a focus on Mental Health Housing, the ongoing implementation of the Co-occurring Disorders Initiative and the development of community-based eating disorders services.
  - The Cross-Department Coordination Initiative, a partnership with the departments of Health, Housing and Community Development, Family Services and Consumer Affairs and Healthy Living, Youth and Seniors, strengthened partnerships across government and with community partners.
  - Led the provincial psychosocial response to H1N1 pandemic influenza, including the creation and distribution of the document, *Building Workforce Resiliency within Workplaces: A Framework for Health Service Provider Systems Responding to Pandemic Influenza in Manitoba*. This framework was designed to assist organizations in meeting the short- and long-term psychosocial needs of workers responding to a pandemic.
3. Improved integration of mental health services at both the service and policy level.
  - Developed strong working relationships with external stakeholders that supported improved integration of mental health services. Through global regional health authority funding, collaborative mental health care models of service delivery have been supported in some Regions.



- Through the Cross-Department Coordination Initiative's Homeworks! Homeless Strategy with a focus on Mental Health Housing, developed partnerships with community mental health agencies to deliver enhanced mental health supports in housing.
  - Provided support for the national collaborative care conference to be held in 2010.
4. Enhancement of community-based eating disorders services in Manitoba.
    - Established a community-based eating disorders program (Provincial Eating Disorders Prevention and Recovery Program).
    - Through the Youth Suicide Prevention Strategy, expanded funding and support to Teen Talk to expand to northern regions (Teen Talk North), which delivers school-based workshops on self esteem and body image.
  5. Completion of a planning process that will culminate in a five-year Provincial Mental Health Strategic Plan.
    - The strategic planning process was comprised of the following milestones:
      - Inter-jurisdictional environmental scan of evidence-based practice;
      - Provincial scan of current status of the mental health service system, including program and service activities and utilization (still under way);
      - Consultation with stakeholders cross the province; and,
      - Based on evidence and analysis through the consultative process, development of a draft strategic plan that identifies guiding principles, broad strategic areas, priority action areas, and strategic directions for a five year timeframe.
    - The next steps will be the development and implementation of a validation process and subsequently, the development of work plans to implement the strategy.
  6. Completion of a Youth Suicide Prevention Strategy and advancement towards implementation of the strategy.
    - Completed the Youth Suicide Prevention Strategy and advanced implementation, including:
      - \$500,000 expansion of the Winnipeg Aboriginal Sport Achievement Centre North has increased opportunities for Aboriginal children and youth to become more physically active and develop leadership abilities to promote community development.
      - Sponsored the Assembly of Manitoba Chiefs Youth Secretariat to extend their annual traditional youth gathering from a three-day event to five days, as well as increasing the number of Aboriginal youth to over 130 from all over Manitoba who attended in August 2009 in Keeseekoowenin Ojibway Nation.
      - Clinic's successful Teen Talk Program was expanded to support youth in the north.
      - \$220,000 committed to regional and community-based youth suicide prevention work throughout the province.
    - Funded eight people to become instructors in Mental Health First Aid for Adults who interact with Youth, a workshop designed to build recognition of the signs and symptoms of youth mental health issues and reduce stigma.
    - Clinic delivered 15 trauma training workshops free-of-charge throughout the province for over 200 people, including counselors and organizations working with traumatized individuals.
    - SPEAK Inc. (Suicide Prevention Education Awareness and Knowledge) provided ongoing peer support and resource materials to those bereaved by suicide; hired a staff person; and opened a toll free line.
  7. Evidence of a change in perspective from "spiritual care" to "spiritual health care", as well as the inclusion of psycho-social-spiritual aspects in care of body, mind and soul in all aspects of health care.
    - The Core Competency Ad Hoc Working Group for Spiritual Health Care continued development of a core competencies resource document for use in the regional health authorities as a staffing resource. This resource will provide guidance to regional health authorities for the provision of spiritual health care within various levels of health service within the regional health authorities.
    - Led a strategic planning day for spiritual health care in Manitoba. The content generated from this day will lead to the development of a Spiritual Health Strategic Plan for Manitoba.
    - Both of these projects are firsts for Canada at this level of government in this realm of health care.



**4(h) Mental Health and Spiritual Care**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2009/10 \$(000's)</b>	<b>FTE</b>	<b>Estimate 2009/10 \$(000's)</b>	<b>Variance Over(Under) \$(000's)</b>	<b>Expl. No.</b>
Salaries and Employee Benefits	662	9.00	696	(34)	1
Other Expenditures	1,216		750	466	
External Agencies	1,917		1,889	28	
<b>Total Sub-Appropriation</b>	<b>3,795</b>	<b>9.00</b>	<b>3,335</b>	<b>460</b>	

1. Portion of appropriation was transferred to Healthy Living, Youth and Seniors.

**Selkirk Mental Health Centre**

Selkirk Mental Health Centre is a provincial mental health facility mandated to provide specialized mental health and acquired brain injury inpatient treatment and rehabilitation services to all residents of Manitoba whose challenging treatment and rehabilitation needs cannot be met elsewhere in the health care system.

Selkirk Mental Health Centre also has a formal agreement with the Government of Nunavut to provide inpatient services to residents of Nunavut experiencing acute mental illness.

Treatment and rehabilitation services in all programs are provided by multi-disciplinary teams. Selkirk Mental Health Centre specializes in five inpatient treatment programs:

- Acute Program (43 beds)
- Rehabilitation Program (86 beds and 8 community residence beds)
- Geriatric Program (75 beds)
- Forensic Program (18 beds)
- Acquired Brain Injury Program (30 beds and 5 community residence beds)

The cultural and spiritual needs of Manitoba First Nations, Métis, and Nunavut patients are met by Aboriginal services staff, such as elders, proctors and a coordinator, and include conducting sweat lodge, smudging and pipe ceremonies, making sacred items, and sharing traditional stories.

**The objectives were:**

- To deliver quality, compassionate, respectful, and cost-effective inpatient mental health services with a patient-centered approach.
- To promote recovery through clinical excellence, cultural competence, community partnerships, and family involvement.

**The expected and actual results for 2009/10 included:**

1. Patient-focused treatment that supports the goal of returning the patient back to a community setting.
  - Construction completed on a new five-bed acquired brain injury transitional residence with the first residents expected in June 2010.
  - Patient charts were audited for evidence of recovery planning with results indicating 80 – 100% of patient charts have a recovery plan.
  - Wait times for admissions and community placements were reduced through increased transition planning with Regional Health Authorities and other community partners.
2. Patients and families encouraged to influence the direction of care being provided.
  - Patient Assemblies are held monthly in each program. This provides patients with an opportunity to discuss common concerns. This is also an opportunity for staff to provide patients with information on new developments at Selkirk Mental Health Centre.
  - Patients' next-of-kin are invited to participate in recovery planning meetings.
  - Consumer advisory meetings are held on a monthly basis. This is an opportunity for patients to meet with the chief executive officer to ask questions, discuss concerns, suggest improvements, and provide feedback on areas where Selkirk Mental Health Centre is excelling.

- Family advisory meetings are held quarterly. This provides families with an opportunity to influence patient care at the centre. This year the Family Advisory Committee organized a "Friends and Family Barbeque" which was very successful.
  - New Stakeholder Advisory Committee meetings held quarterly. This provides a venue for external stakeholders to have an input in how the facility is run and participate in strategic planning activities.
3. Employees who are competent and able to provide patient care in accordance with standards and best practices.
- Completed the second three-year Leadership Training Program.
  - Completed a Mentorship Program for employees who participated in the first three-year Leadership Training Program.
  - Reviewed and expanded the orientation training program for new employees at Selkirk Mental Health Centre including presentations on Respect in the Workplace, Therapeutic Boundaries and Non-Violent Crisis Intervention.
  - Reviewed and modified safety training delivered to Program and non-program staff.
4. Effective management of resources to enable and support the delivery of quality patient care.
- New medication management and dispensing system ordered with delivery in June 2010.
  - Pharmacy renovated to support new Pac Med machine and distribution process.
  - Implementing a new clinical application system to enable electronic patient records by 2011/12.
  - Safety and security upgrades for specific areas near completion.
  - Established onsite security services and installed new security equipment throughout the complex.
  - Continued implementation of the five-year strategic plan 2008/13.

#### 4(i) Selkirk Mental Health Centre

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	32,224	476.30	30,642	1,582	1
Other Expenditures	4,819		5,340	(521)	
<b>Total Sub-Appropriation</b>	<b>37,043</b>	<b>476.30</b>	<b>35,982</b>	<b>1,061</b>	

Explanation Number:

1. Negotiated contract increases for doctors and nurses

## Regional Affairs

### Administration

#### The objectives were:

- To provide support to the Minister of Health, the regional health authorities, CancerCare Manitoba, and Diagnostic Services of Manitoba, through ongoing leadership and recommendations in planning, implementing, monitoring and evaluating health services for Manitobans.

#### The expected and actual results for 2009/10 included:

1. Timely information to the Minister of Health, internal clients and the regional health authorities to support evidence-based decision-making.
  - Tracked and reported on a variety of data to assist the Minister and the regional health authorities in their decision making. Emergency room, surgical and wait time statistics are collected and reviewed regularly.
  - Worked with the regional health authorities, Diagnostic Services of Manitoba, and CancerCare Manitoba to provide information to support decision-making on specific items.

2. Timely research and response to public expressions of concern related to service delivery issues.
  - Managed, with related partners, the response by the health care delivery system to issues of public concern (i.e. H1N1, medical isotopes, flood).
  - Continued to work to address public concerns relating to incidents, waits and staffing shortages in emergency departments.
  - Continued to implement several initiatives recommended in the extensive and comprehensive review of emergency departments across the province.
  - Worked with regional health authorities to review issues of capacity and flow through the health care delivery system, particularly for individuals awaiting placement in personal care homes.
  - Addressed the department's strategic priorities focusing on the changing needs of the health system in the following areas: long term care, emergency medical services, and wait times. All of these initiatives are working toward system enhancements to allow for improved patient care and outcomes.
  - Participated at a national level with work on the transition of the Canadian Council on Donations and Transplants to Canadian Blood Services, critical incident reporting, and knowledge translation in cancer control.
  - Worked with various sectors on a provincial and national level to ensure time-capacity to address health care needs during the flood, the H1N1 influenza, and isotopes shortage.

#### 5(a) Administration

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	319	4.00	308	11	
Other Expenditures	86		59	27	
<b>Total Sub-Appropriation</b>	<b>405</b>	<b>4.00</b>	<b>367</b>	<b>38</b>	

### Emergency Medical Services

#### The objectives were:

- To facilitate the development of regional Emergency Medical Services (EMS) as delivered by the Regional Health Authorities (RHAs).
- To be responsible for carrying out activities related to the regulation of medical transport in Manitoba.
- To co-ordinate the operation of the Lifeflight Air Ambulance Program.

#### The expected and actual results for 2009/10 included:

1. Patient safety as a result of working with the RHAs and the province to improve the emergency medical services system.
  - Worked with the regional health authorities to improve patient safety in a number of areas:
    - Contracted with the STARS air ambulance program in Alberta to support Emergency Medical Services' response operations in flood affected areas during the spring of 2009.
    - Worked with RHAs through the H1N1 pandemic to develop screening protocols for the Medical Transportation Coordination System to monitor outbreaks. Training and protocols were provided for paramedics dealing with the H1N1 pandemic, and access to personal protective equipment was coordinated.
    - Launched an evaluation program of four new ambulances based on the Mercedes Sprinter chassis. These vehicles provide enhanced patient comfort, a range of technology based safety improvements including an electronic vehicle stability system, increased crew crash protection, better handling, and lower floors to reduce lift injuries.
    - The Manitoba Transportation Coordination System implemented coordination of inter-facility transfers, creating efficiencies and better identifying and managing gaps in emergency coverage resulting from inter-facility transfer commitments.
    - Assisted with the constructed new emergency medical services stations in Neepawa, East St. Paul and Grand Rapids.



2. Strengthened existing data collection processes and indicators for emergency medical services and revised data collection processes through various new mechanisms.
  - Manitoba Health signed a service purchase agreement with the Manitoba Transportation Coordination System allowing enhanced collection of logistical elements of emergency medical services' data. Work has been underway to develop an enhanced emergency medical services' data monitoring system that will improve the department and RHAs' capacity for quality assurance monitoring of the emergency medical services' system. During the H1N1 pandemic, the Manitoba Transportation Coordination System was able to provide enhanced data collection and surveillance data for the province.
3. Patient safety and effective administration of *The Emergency Medical Response and Stretcher Transportation Act* and regulations with respect to licensing providers of land and air ambulance and stretcher car services and licensing personnel.
  - Land, air and stretcher transportation services must apply for initial licensing by submitting application forms and meet criteria that is consistent with the applicable regulation. There were two new air ambulance applications, six medical first response applications, and one new stretcher car application during 2009/10. Existing service license holders are required to re-apply for licensure on an annual basis. There are 27 land ambulance services, 7 air ambulance services, 6 medical first response services, 2 stretcher car services and 1 licensed dispatch centre for 2009/10. Vehicle, aircraft, equipment inventory and station/hangar inspections were conducted by the branch officers.
  - The application process for emergency medical services personnel license holders is on the Manitoba Health web site and is provided in written form for any inquiries to the branch. The licensing process, in compliance with the regulations, requires the submission of a criminal record and child abuse registry check as well as required educational elements. There were 261 newly licensed providers in land, 71 for air, and 44 for stretcher service.
  - An Alternate Route to Maintenance of Licensure (ARML) process is in place. A random audit of personnel license holders to ensure they maintain on-going education is carried out on an annual basis. 50 personnel were audited during 2009/10, and 1,067 licensed emergency medical services' personnel are maintaining their license through the Alternate Route to Maintenance of Licensure Program.
  - There were 1,713 licensed Emergency Medical Services' personnel in Manitoba on December 31, 2009.
4. Patient safety as a result of the implementation of current, medically accountable practice guidelines and standards for pre-hospital patient care provided by Manitoba's Emergency System Medical Advisory Committee on an ongoing basis.
  - There was a revision to one of the Emergency Treatment Guidelines for 2009/10.
5. Safe transportation of acutely ill patients by the Lifelight Air Ambulance Program.
  - Lifelight transports seriously ill or injured Manitoba residents who reside outside of an 80 mile radius of Winnipeg and have access to an airport accessible to the Lifelight jet.
  - In 2009/10, Lifelight provided safe transport for 467 seriously ill or injured patients from rural and northern facilities to tertiary centers primarily in Winnipeg.
  - Lifelight also arranged for the air transportation of pre-approved Manitoba residents to facilities out-of-province when the required care was unavailable in Manitoba. In 2009/2010 Lifelight arranged for the transport of 99 Manitoba residents who required medical care not available in Manitoba.
  - Commenced work with Transport Canada aviation and marine and with First Nation Inuit Health Branch to enhance safe transport of patients between nursing stations and airports using local resources. This includes a review of vehicles and marine craft used for this transportation.
6. Effective administration of the Northern Patient Transportation Program.
  - In January 2010, began working with RHAs administering the Northern Patient Transportation Program to review the program. Stakeholder consultations have occurred and the branch is continuing efforts with the RHAs to identify ways of enhancing the program while containing costs.



**5(b) Emergency Medical Services**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2009/10 \$(000's)</b>	<b>FTE</b>	<b>Estimate 2009/10 \$(000's)</b>	<b>Variance Over(Under) \$(000's)</b>	<b>Expl. No.</b>
Salaries and Employee Benefits	1,295	14.00	1,175	120	
Other Expenditures	5,065		5,512	(447)	
External Agencies	19		23	(4)	
<b>Total Sub-Appropriation</b>	<b>6,379</b>	<b>14.00</b>	<b>6,710</b>	<b>(331)</b>	

**The Office of Disaster Management****The objectives were:**

- To ensure the health sector is able to meet the health needs of Manitobans during and after disasters through prevention and mitigation, preparedness, response and recovery activities.

**The expected and actual results for 2009/10 included:**

1. A disaster management program for Manitoba Health that meets the requirements of due diligence and internationally recognized best practice (currently National Fire Protection Association 1600 Standard on Disaster/Emergency Management and Business Continuity Programs).
  - Suspended projects and work streams related to this delivery to respond to the 2009 spring flood and H1N1 pandemic influenza. The Office of Disaster Management continues to work towards achieving best practices in emergency management. The Office of Disaster Management is considered to be exercising due diligence as an emergency management program.
2. A fully integrated health incident management system for Manitoba Health and the RHAs.
  - Activated the incident management systems structures twice to ensure coordination and communication across the health sector during both the flood and H1N1 pandemic influenza. The H1N1 pandemic influenza incident management system integrated federal and provincial governments, regional health authorities, First Nations organizations and organized labour into a seamless coordination and communication system.
  - The Office of Disaster Management will be reviewing debriefing and review documents as well as articulated best practice in incident management systems to determine gaps that need to be addressed with the response system.
3. A coordinated and effective preparedness and response structure within Manitoba Health and the RHAs.
  - Activated the emergency response structure twice. Response operations first began with the 2009 spring flooding event in the Red River, Westman and Interlake portions of the province.
  - Involved extensively in managing the health sector response to the flood, including:
    - coordinated an international request for assistance from the United States,
    - established rotary wing air operations in the flood zone,
    - evacuated a health facility; and,
    - worked with regional health authorities and other service providers to ensure continuity of health sector operations.
  - Activated a second response operation (i.e. Flood peak in the Red River was in Winnipeg) to manage the impacts from a novel respiratory virus that was emerging in Mexico, this virus influenza A/California/04/2009 would become the H1N1 pandemic.
  - The Office of Disaster Management will be reviewing debriefing and review documents as well as articulated best practice to determine gaps that need to be addressed.

**5(c) Disaster Management**

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	418	5.00	364	54	
Other Expenditures	100		66	34	
<b>Total Sub-Appropriation</b>	<b>518</b>	<b>5.00</b>	<b>430</b>	<b>88</b>	

**Urban Regional Support/Northern and Rural Support****The objectives were:**

- To provide support to the Minister of Health, RHAs, CancerCare Manitoba, and Diagnostic Services of Manitoba in planning and delivering safe, high quality, efficient, effective, evidence-informed health services that promote well-being and provide the right care, in the right place, at the right time.
- To provide guidance, direction and support to the regional health authorities, CancerCare Manitoba and Diagnostic Services of Manitoba in assessing, planning, implementing, monitoring and evaluating health service delivery.
- To provide Manitobans and Manitoba Health with information about demand, capacity, access and waits for health services.

**The expected and actual results for 2009/10 included:**

1. Regional health authorities are held accountable within the provisions of *The Regional Health Authorities Act*.
  - Provided leadership in the annual licensing and ongoing monitoring of 124 personal care homes across the province, reporting the findings of on-site standards reviews, as well as following up action plans and personal care home-related complaints to ensure that all 26 personal care home provincial standards are met over time.
  - In 2009-2010, 9,606 personal care home beds were licensed in 124 facilities province-wide.
2. CancerCare Manitoba is held accountable within the provisions of *The CancerCare Manitoba Act*.
  - Worked with CancerCare Manitoba and took part in the planning and identification of community cancer programs, including the colorectal, breast and cervical cancer screening programs.
  - Participated in the Manitoba Colorectal Cancer Screening Program Advisory Committee in support of implementing the expanded screening program. Phase one of the Colorectal Cancer Screening Program was completed October 2008 and the evaluation will be submitted to Manitoba Health in early 2010. The implementation of phase two, which is the provincial expansion of the Colorectal Cancer Screening Program, is in progress.
3. Manitobans receive appropriate, safe and high quality care across the continuum of health care services.
  - In September 2007, Manitoba Health approved an increase in the staffing levels of personal care homes to standardize the amount of direct care across the province and ensure 3.6 hours of direct care is available per resident every day from registered nurses (RN), registered psychiatric nurses (RPN), licensed practical nurses (LPN), and health care aides. The personal care home staffing initiative is a multi-year plan. Continued implementation of the enhanced personal care home staffing, as outlined in the initiative, provided and continued support of improvements to personal care home resident care.
  - To enhance the quality of care in personal care homes, Manitoba Health supported the Personal, Intellectual, Emotional, Capabilities, Environment and Social Initiative dementia education program in all regions. The feedback from program participants is positive, with transfer of concepts shown in the workplace by changed daily care practices.
  - Participated in the Western Canadian Children Heart Network, a network of five pediatric cardiac care providers for the four western provinces. Through this network, Clinical knowledge and expertise was shared to improve care for children with heart disease and to provide support for

the children and their families. Implementation of the Western Canadian Children Heart Network Interprovincial Database was also completed.

- Planning continued for the development of the new Women's Hospital at Health Sciences Centre Winnipeg. Attended consultations for the public and for Health Sciences Centre Winnipeg staff, as well as sessions on the integrated design and the schematic design processes.
- Planning work continued for the development of the renal health services in Hodgson and Berens River. Work on renal health services at the Health Sciences Centre, Winnipeg and Gimli is in progress. Construction for Russell Renal Health services is now underway.
- Worked with CancerCare Manitoba to support:
  - the ongoing expansion of the Manitoba Colorectal Cancer Screening Program,
  - the promotion/public awareness of partnerships with the Manitoba Cervical Cancer Screening Program to provide pap tests during the Annual Pap Test Awareness Week, and
  - the media campaign for colorectal cancer screening program, now known as Colonchek.
- Worked with Transplant Manitoba to improve organ and tissue donation services in Manitoba and improvements in the quality of life for Manitoba transplant recipients with anticipation of an increase in the number of transplants in Manitoba. This included:
  - participated in the public and expert consultations for the development of a strategic plan to advance organ and tissue donation and transplantation in Canada,
  - supported the national roll-out of Living Organ Paired Exchange Registry to better track individuals who are willing to donate a kidney and match Manitoba patients with suitable living donors across the country, and
  - continued to support and work with stakeholders in the expansion of the existing Living Organ Donor Reimbursement Program to help remove financial barriers to living organ donors.
- Supported the work of the non-profit organization Epilepsy and Seizure Association of Manitoba, to continue services and provide support to all age groups of Manitobans suffering from a seizure disorder as well as to health professionals, teachers, co-workers, classmates, friends, relatives and caregivers who interact with individuals suffering from seizure disorders. This potentially improves the quality of life for Manitobans who suffer from epilepsy and develops a healthy partnership within the community to increase the understanding and awareness of seizure disorders.
- Collaborative work with stakeholders was undertaken to develop a stroke strategy action plan that will support infrastructure and system-wide changes to enhance access to high quality and efficient stroke prevention, care and rehabilitation services in Manitoba.
- Continued to support the work of The Manitoba Institute for Patient Safety in raising awareness of patient safety issues among the public and advocating for system changes that will improve patient safety. The Manitoba Institute for Patient Safety continued its work on an executive leadership initiative in conjunction with the Regional Health Authorities of Manitoba. The Manitoba Institute for Patient Safety also continued its working relationship with Safer HealthCare Now! A second public patient safety forum was held; the topic was balancing safety and risk in long term care settings.
- Continued work was done with the Canadian Institute of Health Information in the development of a National Standardized Incident Reporting System. A number of sites will be participating in the pilot testing of this pan-Canadian incident reporting system in 2010.
- Participated in the Canadian Patient Safety Institute Education and Professional Advisory Committee to help develop patient safety competencies for health care professionals.
- Continued to take part in the planning for a replacement hospital in Selkirk, which will ensure the continued provision of quality services to area residents.
- Continued to play a role on the Manitoba Retinal Screening Vision Program Steering Committee. The Manitoba Retinal Screening Vision Program was established to provide retinal photographic screening to persons diagnosed with diabetes that are at risk for vision loss, primarily due to diabetic retinopathy. The program increases access to retinal screening in selected northern communities with a high incidence of diabetes.
- On-going advice and support has been provided to the Churchill Regional Health Authority Inc. in implementation of plans to improve acute, chronic, community and mental health services, particularly to develop capacity to serve Nunavut residents.
- Participation on the Manitoba Breast and Women's Cancer Network helped ensure resources and support around breast and women's cancer are available to women, men and their families.



Connecting communities and bringing information and support closer to home is a priority for the network.

- Led and facilitated phase one of an initiative identified by the Maternal and Child Healthcare Services Task Force to ensure that effective prenatal, post partum, neonatal and pediatric care is available close to home.
    - The Maternal and Child Healthcare Services Task Force was established by the Minister of Health on March 30, 2007, as a means of action to improve maternal and child healthcare services in Manitoba. The task force report was released September 2008. ([www.gov.mb.ca/health/phc/machs.html](http://www.gov.mb.ca/health/phc/machs.html).)
    - This initiative is to identify a provincial mechanism for 24-hour, seven-day-a-week access to specialist consultation to allow physicians from across the province to quickly connect with obstetric/gynecologic/pediatric and neonatology experts.
    - The goal is to increase the province's capacity to provide this 24/7 consultation and have the potential to allow low-risk pregnant women and children to remain with their families in their communities rather than being transported to urban centers for routine care.
    - Consultations were held with family physicians in the rural and northern regions, as well as urban specialists to inform recommendations for the development of this model (phase two).
  - Staff took part in the planning for an expanded Western Manitoba Regional Cancer Centre that will provide chemotherapy, outpatient care and provide radiation therapy services in Brandon. This is a first step to provide radiation therapy services outside of Winnipeg. A Memorandum of Agreement was finalized, a linear accelerator was ordered, and a radiation oncologist has been secured for the centre. Construction of the new site began September 2009.
  - Ongoing support was provided for the planning of the Eriksdale Community Cancer Service. A wellness centre has been constructed and will be the future home of the Eriksdale Community Cancer Service program.
  - Continued to participate in the Manitoba regional health authorities' Health Promotion Network. This network supports the enhancement of health promotion strategies by developing and maintaining communication links between similar programs and services within each of the regions and throughout Manitoba.
  - Played a key role in addressing H1N1 influenza in Manitoba. Staff worked with regional health authorities to implement pandemic plans to ensure the timely delivery of health care services. This included:
    - ensuring there was enough emergency room and intensive care capacity for ill Manitobans;
    - opening vaccination clinics across the province; and,
    - ensuring there were enough medical supplies for front-line health care providers.
  - Partnered with a wide range of organizations, including unions, the federal government and Aboriginal organizations, from across the province to develop a coordinated response to the pandemic.
4. Personal care homes operate in compliance with the Personal Care Home Standards Regulations as set out under *The Health Services Insurance Act*.
- Conducted on-site standards reviews to assess compliance to the established provincial standards at personal care homes in the Winnipeg, Assiniboine, Interlake, Central, Burntwood, and Nor-Man regions.
  - Sixteen unannounced follow-up reviews in provincial personal care homes were conducted.
  - The results of all personal care home standards reviews and subsequent personal care home actions were analyzed.
  - An ongoing, consistent process was provided to regions to report on the organization of nursing services in licensed personal care homes related to the nursing services guidelines, which delineate staffing expectations for registered nurses, registered psychiatric nurses, and licensed practical nurses.
  - On March 6, 2008, Manitoba Health announced that it will proceed with licensing on an interim basis of the six currently unlicensed First Nations personal care homes. Staff continued work towards licensing First Nations personal care homes in Manitoba on an interim basis.
  - The six First Nations personal care homes involved in this licensing on an interim basis initiative include:
    - Opaskwayak (Rod McGillivray Memorial Care Home) (Nor-Man)
    - Sioux Valley (Dakota Oyate Lodge) (Assiniboine)

- Sagkeeng (George M. Guimond Care Center) (North Eastman)
  - Oxford House (George Colon Memorial Home) (Burntwood)
  - Fisher River (Ochekwi Sipi Personal Care Home) (Interlake)
  - Peguis (Peguis Senior Centre)\*\* (Interlake) \*\*NOTE: The current Peguis Senior Centre structure needs to be replaced as it cannot be upgraded to meet the requirements of the Design Guide for Long-Term Care Facilities. Licensing the facility will follow replacement.
  - Although work is still to be completed before provincial licensing at each of the facilities, administrators and staff members at each are fully engaged and committed to this process. As well, Manitoba Health continues to work with and provide assistance on the interpretation of provincial standards to each of the First Nations facilities.
  - Continued to meet regularly with Indian and Northern Affairs Canada to receive updates on the capital upgrades and to work cooperatively to achieve the interim licensing.
5. Resources are appropriately allocated to the RHAs, CancerCare Manitoba and Diagnostics Services of Manitoba.
- Participated in the review and prioritization/approval of RHAs, CancerCare Manitoba and Diagnostic Services of Manitoba funding requests for specialized equipment.
  - In addition, staff participated in the review of the regional health authorities' health plans to ensure plans focus on initiatives/actions to successfully meet the health needs of the community and include appropriate resource allocations with evidence-informed rationale.
  - As part of the estimates process, staff participated in the development of provincial funding schedules to address regional health planning needs.
6. Information and quality data is provided to internal clients, the RHAs, CancerCare Manitoba and Diagnostics Services of Manitoba to support evidence-informed decision-making.
- Participated on the Management Information System Committee that addressed standardization and reporting of data on regional health authority administrative performance indicators, to ensure timely and accurate information on system performance.
  - Supports were provided to individual regions and the regional health authorities' Acute Care Network in collecting and reviewing hospital utilization data, with a focus on alternate levels of care and patients awaiting placement.
  - The tripartite contract with the Maples Surgical Centre and the Winnipeg Regional Health Authority was renewed to address surgical wait lists in pediatric dental, ear, nose and throat, plastics and general surgery, as well as adult surgeries.
  - Maples Surgical Centre volumes, surgery cancellations and reasons for cancellations, and cardiac surgery cancellations and the reasons for cancellations were monitored.
  - Training in root cause analysis methodology was supported at both the basic and advanced levels to expand and to sustain the development of knowledge and skills in the investigation and management of critical incidents and other high risk occurrences.
7. Supports and communication strategies are in place to assist with government's response to emerging health issues.
- Worked with Manitoba Finance to establish a Primary Caregiver Tax Credit (effective taxation year 2009).
  - Regional health authorities are implementing support options in community housing in accordance with their Aging in Place/Long-Term Care strategies. This allows individuals to remain in their communities, promoting independence in daily living and maximizing their overall well-being and health.
  - Provided supports to regional health authorities for pandemic planning and immunization implementation related to H1N1 influenza initiatives.
  - Ongoing leadership and support was provided for the reporting and management of critical incidents, as proclaimed in *The Regional Health Authorities Amendment Act* and *The Manitoba Evidence Amendment Act*.
  - Manitoba Health policies related to the management of critical incidents were revised, given the experience of three years of mandatory reporting.
  - Ongoing support and responses were provided to questions about:
    - Multiple Sclerosis (MS) and Chronic Cerebral Spinal Venous Insufficiency (CCSVI) theory,
    - acute care surgical services surgery implementation,

- implementation of a new program related to Lucentis and macular degeneration, and
  - the opening of the Hip and Knee Institute at Concordia Hospital.
8. The Patient Access Registry Tool is implemented in 15% of surgeon and medical specialist offices.
- The Patient Access Registry Tool was mandated in January 2010, and is being rolled out as an electronic booking request and wait-time/wait list management system throughout the Winnipeg Regional Health Authority. The other regional health authorities will follow.
  - The Patient Access Registry Tool has been implemented in approximately 15% of surgical and medical specialist offices including:
    - Children's Hospital - surgery
    - Thompson General Hospital – all surgical programs
    - Regional Health Authority - Central – select surgical information
    - Assiniboine Regional Health Authority – select surgical information
    - Some individual general surgeons' offices
    - Pain Management (Winnipeg)
    - Psychiatry (Winnipeg)
    - Psychology (Winnipeg)
    - Head and Neck Oncology surgery
    - Plastic Surgery – Health Sciences Centre
    - Thoracic Surgery – Health Sciences Centre
    - Orthopedic surgery – Pan Am surgeons (upper extremity)
    - Some individual urologists' offices
9. Five further wait time information areas are added to the wait time website.
- Additional wait time data to be added to the provincial website is in the planning stages.
10. Manitobans receive timely response to public expressions of concern related to health service delivery issues.
- Timely investigations and responses continue to be provided to verbal and written public and media issues/expressions of concern related to health care delivery within Manitoba.
  - This includes providing timely and appropriate information to patients and other citizens, within the bounds of *The Personal Health Information Act* and *The Freedom of Information and Protection of Privacy Act*, on individual and systemic health care inquiries, including referrals for service and appeal process information.

**5(d) Urban Regional Support**

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	2,190	33.12	2,273 *	(83)	
Other Expenditures	533		510 *	23	
External Agencies	744		744	-	
<b>Total Sub-Appropriation</b>	<b>3,467</b>	<b>33.1</b>	<b>3,527</b>	<b>(60)</b>	

\* includes enabling appropriation for Wait Time Initiatives

**5(e) Northern and Rural Support**

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	649	10.50	756	(107)	
Other Expenditures	176		210	(34)	
<b>Total Sub-Appropriation</b>	<b>825</b>	<b>10.50</b>	<b>966</b>	<b>(141)</b>	



## **Public Health**

The overall goal of Public Health is to provide coordinated and integrated public health leadership to the service and programs of Public Health at the regional and provincial level. These programs provide a focus for major areas of health promotion and protection for the identification, prevention and control of diseases and health disparities that affect populations. The efforts of Public Health also aim to assist government, the community, and health professionals in the planning and response to public health issues and emergencies.

Public Health is composed of the following:

### **Provincial Public Health Office Cadham Provincial Laboratory Services**

#### **The objectives were:**

- To assess the health status of Manitobans.
- To prevent and control disease and promote the health of Manitobans.
- To ensure that important and emerging public health issues, including pandemic preparation, are detected, assessed and addressed, and that appropriate standards of public health practice in the monitoring, response and evaluation of health risks and issues are upheld.
- To advocate for the preservation and improvement of health, and the reduction of health disparities of Manitobans.
- To assist with the improvement, protection and promotion of the health and healthy living of Manitobans through guidance to individuals, communities, organizations and governments.

#### **The expected and actual results for 2009/10 included:**

1. Improved health and reduced disparities in health status, and decreased preventable diseases and injuries for Manitobans through the prevention and control of disease and promotion of health.
  - Engaged in the pandemic preparedness and response to reduce and mitigate disease. Supported and facilitated mass pandemic immunization clinics with a focus on priority groups.
  - Provided regular immunization programs for the prevention of childhood and adult diseases.
  - Co-ordinated the Four Arrows Public Health Pilot Project for isolated, northern communities.
  - Collaborated to produce and distribute public awareness information, resources and alerts on the human health risks of water-related, food-hazard-related and environmental diseases.
  - Completed the provincial protocol for Tuberculosis Management and Control and a workshop to build capacity and knowledge on tuberculosis, particularly in northern communities.
  - Continued development of programs and technologies to promote health, prevent disease, and support effective screening.
2. Improved surveillance and analysis of public health threats.
  - Developed an enhanced surveillance system for pandemic H1N1 to collect and analyze information, such as confirmed cases of pandemic H1N1 and anti-viral drug utilization.
  - Revised the adverse event following immunization protocol and developed a new surveillance database.
  - Engaged in consultations with RHAs, First Nations and Inuit Health and First Nations stakeholders to plan for the implementation of Panorama, a pan-Canadian Public Health surveillance and information system.
  - Co-lead the completion of phase 1 of the Manitoba Panorama project.
  - Coordinated outbreak laboratory response for 131 laboratory-registered outbreaks and provided weekly reports to health professionals of circulating diseases and viral detections.
3. Up-to-date legislation to protect the health of the public.
  - Clarified roles and responsibilities of Manitoba Agriculture, Food and Rural Initiatives relative to food safety and inspection in *The Public Health Act*.
  - Provided policy support and diagnostic testing for *The Testing of Bodily Fluids and Disclosure Act*, introduced in September 2009.

4. Accurate health information to support policy, programs and activities.
  - Analyzed pandemic H1N1 data to inform the development of practice guidelines and the identification of most at-risk populations for targeted immunization programs.
  - Completed installation of a modern Public Health Laboratory Information Management System, which is capable of electronic reporting and improved data management, in three of five sections of Cadham Provincial Laboratory.
  - Engaged in an epidemiological analysis of STI/HIV incidence in Manitoba from 1992-2008.
  - Engaged in the human papillomavirus program evaluation and vaccine surveillance and preparatory work on new technologies for cervical cancer screening.
5. Effective and efficient Public Health programs and practices based on evidence.
  - Cadham Provincial Laboratory reorganized laboratory services, in conjunction with Diagnostic Services of Manitoba, to create streamlined reference centres in parasitology and blood culture bacteriology.
  - Continued to study the nature and incidence of Lyme disease to plan program direction and to provide information to the public.
  - Collaborated with RHAs on a forum for the development of evidence-based public health and community health print and online information for the public and health professionals.
6. Enhanced detection of infections and infectious agents in the laboratory setting.
  - Introduced accelerated technology for detection of influenza A and pandemic influenza in response to the pandemic. Testing occurred for 10 times the normal volume of influenza specimens and turn around time was reduced by more than 50%.
7. Newborn and early child development enhanced within the province.
  - Facilitated the implementation of two recommendations of the Maternal and Child Health Services Task Force related to enhancing immunization and building capacity in maternal child services.
  - Participated in planning for a regional public health educational event on core competencies in public health nursing.
8. Enhanced detection of fetal disorders.
  - Adapted maternal testing to better detect fetal genetic disorders.
9. Preparedness plans for public health emergencies in place.
  - Produced preparedness plans before the onset of the H1N1 situation and continued to refine and adapt plans according to various settings and population needs as the situation progressed.
  - Prepared for the implementation of the new federal Air Quality Health Index, in Winnipeg and Brandon.
  - Initiated a pilot project for a Heat Alert Response System, in conjunction with the federal government, for the City of Winnipeg and the Assiniboine RHA.
10. Optimal co-ordination of public health initiatives, issues, policies and outbreak response, some involving other jurisdictions.
  - Participated as a pilot test site for the World Health Organization's consultation on the International Health Regulations.
  - Managed smaller-scale outbreaks, such as mumps, and played a role in the flood response.
  - Worked extensively with Health Canada and RHAs to streamline and appropriately situate delivery of tuberculosis client services.
11. Productive collaboration within Manitoba Health and with government departments, the University of Manitoba, RHAs, and other organizations, for effective planning, teaching, training and research.
  - Participated on a special advisory group and research group of experts and researchers from various organizations and jurisdictions to provide advice and analyze relevant research during the pandemic.
  - Participated in the public health laboratory training of nine specialty physicians/professionals in partnership with the University of Manitoba.
  - Coordinated two graduate-level university courses and provided residency placements for community medicine students.

12. Application of public health research related to public health threats and action-oriented public health research (health indicators and determinants, etiologic, prevention and outcomes research).
- Actively participated in the completion of a set of health disparity indicators.
  - Successfully obtained close to \$1.2 million in external research funding for public health laboratory applied research.
  - Published 31 peer-reviewed publications and abstracts related to public health laboratory research findings.

**6(a) Provincial Public Health Office**

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	9,368	94.45	9,150	218	1
Other Expenditures	5,141		6,295	(1,154)	2
Vaccines	15,310		15,968	(658)	
External Agencies	77		122	(45)	
<b>Total Sub-Appropriation</b>	<b>29,896</b>	<b>94.45</b>	<b>31,535</b>	<b>(1,639)</b>	

Explanation Number:

1. Portion of this appropriation was transferred to Healthy Living, Youth and Seniors
2. Miscellaneous operating under-expenditures

**6(b) Cadham Provincial Laboratory Services**

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	7,307	94.78	6,709	598	
Other Expenditures	6,576		6,025	551	
<b>Total Sub-Appropriation</b>	<b>13,883</b>	<b>94.78</b>	<b>12,734</b>	<b>1,149</b>	

**Provincial Blood Programs Coordination Office**

Provincial Blood Programs Coordination Office provides collaborative leadership to the provincial blood system to facilitate effective, efficient utilization, and management of blood and blood products through a multi-faceted strategy involving professionals, patients and the public. On behalf of the province, Provincial Blood Programs Coordination Office provides policy, program and budget oversight to the planning, management and operation of the Canadian Blood Services and the Canadian Blood Agency. Provincial Blood Programs Coordination Office continues to manage and administer the Manitoba Hepatitis C Financial Assistance Program as well as the federal financial assistance programs for people with HIV and HCV as a result of contact with the blood supply.

**The objectives were:**

- To coordinate the Manitoba blood system, including the provision of transfusion services of blood and blood products to patients, medical practitioners and hospitals in the province.

**The expected and actual results for 2009/10 included:**

1. Enhanced surveillance through the Adverse Event Reporting System.
  - Establishment of inventory management systems for blood and blood products including derivatives
  - Verification and analysis of adverse event data and inventory data to generate incidence rates.
  - Cooperation and integration of Manitoba data with the federal Transfusion Transmitted Injuries Surveillance System



2. Provincial blood and blood products utilization strategy in place to ensure the optimal use of limited resources in a cost-effective manner.
  - Funding of a physician directed, best practice blood conservation program for patient and physician education and awareness of best practices and risk.
  - Funding of a physician managed, best practice home program for teaching self administration of immunoglobulin to patients so they are not required to have IV infusions at a hospital.
  - Confirmed reduction in provincial utilization of blood units over previous year
  - Continuation of funding of Diagnostic Services of Manitoba pilot project to reduce blood component discards across province.
  - Implemented plasma product monthly tracking and monitoring system to determine product disposition, discard rates and most common reasons for discards.
  - Funding transfer and program responsibility province wide for the physician managed, best practice, immunoprophylaxis service at the Health Sciences Center (WRHA) to protect premature and low birth weight infants from respiratory influenza.
3. Timely and accurate response to inquiries in the Manitoba blood system.
4. Establishment of an enhanced and renewed quality assurance program for laboratory sciences to develop and monitor standards.

#### 6(c) Provincial Blood Programs Coordination Office

Expenditures by Sub-Appropriation	Actual 2009/10 \$(000's)	FTE	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
Salaries and Employee Benefits	354	4.00	318	36	
Other Expenditures	84		63	21	
<b>Total Sub-Appropriation</b>	<b>438</b>	<b>4.00</b>	<b>381</b>	<b>57</b>	

### Health Services Insurance Fund

The Health Services Insurance Fund provides for program costs related to payments to health authorities and other organizations for acute and long term care, home care, community and mental health and emergency medical response and transportation services. The Fund also provides direct payments to providers of insured services, and individuals claiming reimbursement of expenditures. This includes Provincial Health Services, the Medical Program, and the Pharmacare Program.

#### Funding to Health Authorities

- Acute Care Services
- Long Term Care Services
- Home Care Services
- Community and Mental Health Services
- Emergency Medical Response and Transportation Services

#### The objectives were:

- To allocate funds to regional health authorities (RHAs), CancerCare Manitoba and Diagnostic Services of Manitoba to manage and provide facility and community-based health services across the health care continuum.
- To design a service delivery system that responsively, efficiently and effectively meets the needs of the various regions and is balanced against the needs of affordability and sustainability.
- To provide appropriate health services, through the services of the health organizations, based on community health assessments, provincial and local objectives and available resources.
- To require that regional health organizations comply with provincial standards of core health services.
- To ensure fiscal and program accountability by setting expectations, evaluating and reporting.

**The expected and actual results for 2009/10 included:**

1. Funding will provide for the efficient, effective and appropriate delivery of core health services in Manitoba under the management of the RHAs, including acute care; long-term care; emergency response and transportation, including Northern Patient Transportation Program; mental health; home care; public health; primary care; and other community-based health services.
  - RHAs provided health services across the province in areas of acute care, home care, community long-term care, mental health and emergency medical response and transportation.
2. Regular financial and statistical reporting, as defined by Manitoba Health, will be received from the RHAs.
  - RHAs and the Medical Transportation and Coordination Centre complied to report data to Manitoba Health, including: management information systems, monthly financial forecasts, wait times data and labour vacancy data.
3. A service delivery system that responsively, efficiently and effectively meets the needs of the various regions.
  - Off-shore recruitment initiative to meet regional health authorities' nursing labour needs.
  - Physician Resource Coordination Office initiatives that have resulted in more than 60% of the 2009 graduating medical class from the University of Manitoba, Faculty of Medicine staying in Manitoba, one of the highest levels ever.
  - RHAs invoiced Manitoba Health for staff hired in the personal care home staffing initiative to fill the newly-created positions for the third year of the four-year implementation plan with full knowledge of exact funding available. A total of \$24.3 million flowed to the regional health authorities by fiscal year-end.
  - The personal care home staffing initiative supported improved safety in personal care homes for residents and staff through the safe handling component of the initiative. More than \$2.85 million was provided to the regions for the installation of ceiling track lifts by the close of the 2009/2010 fiscal year.
  - To enhance the quality of care in personal care homes, Manitoba Health supported the Personal, Intellectual, Emotional, Capabilities, Environment and Social Initiative, dementia education program in all regions.
  - Led the review and prioritization/approval of regional health authorities', CancerCare Manitoba and Diagnostic Services of Manitoba funding requests for specialized equipment.
  - Participated in the review of the RHAs' annual health plans to ensure plans focus on initiatives/actions to successfully meet the health needs of the community and include appropriate resource allocations with evidence-informed rationale.
  - As part of the estimates process, staff participated in the development of provincial funding schedules to address regional health planning needs.
  - Provided supports to RHAs for pandemic planning and immunization implementation related to H1N1 influenza initiatives.
4. Collaboration with RHAs to provide appropriate health services based on community health assessments, provincial and local objectives and available resources.
  - RHAs implemented support options in community housing according to their long-term care strategies. Supporting individuals to remain in their communities and age in place promotes independence in daily living and maximizes overall well-being and health.
5. Regional health organizations compliant with provincial standards of core health services.
  - RHAs participated in personal care home standards visits and the development of action plans to ensure that all the standards are ultimately met.
  - RHAs and CancerCare Manitoba, and air ambulance carriers and stretcher services continued to establish policies and procedures in order to actively participate in and meet the legislative requirements for the reporting and management of critical incidents.
  - RHAs and other land ambulance operators, air ambulance operators and stretcher car services participated in inspections and implemented action plans to ensure compliance with standards.

6. Fiscal and program accountability, including ongoing monitoring of services provided in the regions.
- RHA annual reports and audited financial statements were completed and submitted to the department.
  - RHA compliance with reporting requirements under *The Regional Health Authorities Act* including: audits, regional health plan and community health assessment.
  - Annual audit of the Health Services Insurance Fund was completed by the Office of the Auditor General.

**7(a) Funding to Health Authorities**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2009/10 \$(000's)</b>	<b>Estimate 2009/10 \$(000's)</b>	<b>Variance Over(Under) \$(000's)</b>	<b>Expl. No.</b>
Other Expenditures				
Acute Care Services	1,987,327	1,979,138 *	8,189	1
Long Term Care Services	524,487	478,611	45,876	2
Home Care Services	286,504	257,172	29,332	2
Community and Mental Health Services	205,787	193,618	12,169	2
Emergency Response and Transport Services	55,937	55,895	42	
Third Party Recoveries	(10,106)	(9,979)	(127)	
Reciprocal Recoveries Recoverable from Urban Development Initiative	(58,252)	(44,486)	(13,766)	3
	(2,000)	(2,000)	-	
<b>Total Sub-Appropriation</b>	<b>2,989,684</b>	<b>2,907,969</b>	<b>81,715</b>	

\* includes enabling appropriation for Wait Time Initiatives

Explanation Number:

1. Primarily due to price and volume increases, offset by net distribution of the 2009/2010 funding within 21-7A service sectors and under expenditures in Construction Programming - Interest.
2. Primarily due to a net distribution of the 2009/10 funding within 21-7A service sectors.
3. Primarily due to increases in interprovincial reciprocal rates and volumes.



## **Provincial Health Services**

Provincial Health Services is composed of the following:

### **Hospital – Out of Province**

#### **The objectives were:**

- To provide payment to residents of Manitoba for insured hospital services required while they are temporarily out of the province, and to recover funds from other provinces when Manitoba hospitals provide in-patient and out-patient services to other Canadian residents.

#### **The expected and actual results for 2009/10 included:**

1. The portability of benefits under *The Canada Health Act* is upheld and fulfilled through Inter-provincial reciprocal billing arrangements.
  - The requirement of portability for benefits under the Canada Health Act was fulfilled.

### **Blood Transfusion Services**

#### **The objectives were:**

- To provide funding for Manitoba's share of the operating cost of Canadian Blood Services, which is responsible for the provision of a safe, reliable and adequate blood supply for Manitobans and Canadians (except Quebec).
- To provide funding for unique-to-Manitoba transfusion-related laboratory testing services by Canadian Blood Services.
- To ensure funding and distribution of adequate, safe and affordable fractionated and/or blood derivative products to Manitoba facilities, physicians and patients.
- To provide funding for Manitoba's commitment to the Multi-Provincial Territorial Assistance Plan for financial compensation for Manitobans living with human immunodeficiency virus as a result of contact with the blood supply.

#### **The expected and actual results for 2009/10 included:**

1. Timely delivery of safe, reliable and affordable quality blood products and services to RHAs, facilities and physicians.
  - Provincial Blood Programs Office continues to work with Canadian Blood Services and other provinces and territories to ensure the continued availability of high quality blood and blood products in a cost conscious manner.
2. Timely and accurate provision of financial assistance to Manitobans eligible for the Multi-Provincial Territorial Assistance Plan.
  - Provincial Blood Programs Office provided timely and accurate information to Manitobans eligible for the Multi-Provincial Territorial Assistance Plan.
3. Timely and accurate response to inquiries regarding issues related to the blood system.
  - Provincial Blood Programs Office provided timely and accurate information to external and internal stakeholders.

### **Federal Hospitals**

#### **The objectives were:**

- To provide funding for services in two federal hospitals and 24 federal nursing stations.

#### **The expected and actual results for 2009/10 included:**

1. Two federal hospitals and 24 federal nursing stations are funded for services provided.

## **Prosthetic and Orthotic Devices**

### **The objectives were:**

- To administer access to benefits for assistive devices as prescribed under *The Health Services Insurance Act*.

### **The expected and actual results for 2009/10 included:**

1. Access to benefits for eligible Manitobans who require assistive devices for daily living.
  - In 2009/10, Manitoba Health concluded negotiations with the Manitoba Orthotists and Prosthetists Association, the professional association that represents public and private providers, to establish a new reimbursement model for prosthetic and orthotic services. The new reimbursement model recognizes professional skills and is reflective of best practices.
  - An expert advisory committee with representation from both certified and non-certified service providers has been established to provide advice and recommendations to the Minister of Health on prosthetic and orthotic program benefits and program administration and utilization.
  - Financial assistance for the purchase of assistive devices was provided to over 38,000 eligible Manitobans, which represents an increase of \$3.6 million or 34% over 2008/09.

## **Healthy Communities Development**

### **The objectives were:**

- To refocus health care system resources to more appropriate and less costly alternatives, with a particular emphasis on prevention and health promotion; and to bridge the transitions through the Healthy Communities Development Fund.

### **The expected and actual results for 2009/10 included:**

1. Development of a more effective and affordable health care system through the funding of initiatives.
  - Investments were made in a number of initiatives designed to promote an effective and sustainable health care system, such as the Physician Integrated Network, Maternal and Child Healthcare Services, and the Manitoba Patient Access Network. The Public Health and Primary Health Care division administered the Adaptation Envelope of the Aboriginal Health Transition Fund

## **Nursing Recruitment and Retention Initiative**

### **The objectives were:**

- To attract and retain Registered Nurses, Registered Psychiatric Nurses, and Licensed Practical Nurses to Manitoba, through relocation assistance, grants, financial incentives and other strategies.

### **The expected and actual results for 2009/10 included:**

1. Improved supply of nurses in Manitoba, and increased interest in Nursing as a profession through incentive programs and marketing strategies.
  - As of March 31, 2010, the Nurses Recruitment and Retention Fund has provided relocation assistance to a total of 1,318 individuals who have moved to Manitoba to work as nurses since 1999.
  - The Conditional Grant Program has provided over \$1.9 million to recruit nurses to rural and northern regional health authorities and to retain Manitoba nursing graduates in the province. As of March 31, 2010, 496 rural and northern vacancies have been filled through the Conditional Grant Program since its establishment in July 2004.
  - The Personal Care Home Grant, which began January 1, 2008, can be received in conjunction with other financial assistance from the Fund, such as Conditional Grants and Relocation Assistance. Since the inception of the Personal Care Home Grant, 165 vacancies in personal care homes have been filled as of March 31, 2010.
  - In January 2009, the Nurses Recruitment and Retention Fund commenced a \$2,000 grant to assist internationally educated nurses with the costs associated with taking the registered nurse bridging program at Red River College. As of March 31, 2010, 58 internationally educated nurses have received assistance with the International Educated Nurses Grant.

- As of the 2009/10 fiscal year, the Nurses Recruitment and Retention Fund has allocated more than \$10.9 million since 1999 to the RHAs to support ongoing education for nurses. The Nurses Recruitment and Retention Fund has also allocated "one-time" funding of more than \$2.5 million as of the 2009/10 fiscal year to support a range of specialty nursing programs and projects within the province.
- In 2009/10, total expenditures for Nurses Recruitment and Retention Fund attendance at job fairs and conferences was \$104,861.

## **Physician Resource Coordination Office**

### **The objectives were:**

- To support a balanced, effective, and efficient physician recruitment strategy in Manitoba that recognizes the needs of the province as well as the needs of individual RHAs.

### **The expected and actual results for 2009/10 included:**

1. Improve the co-ordination of recruitment and retention activities in Manitoba.
  - Maintained and broadened structures put in place that promote regular, frequent and inclusive communication between the Physician Resource Coordination Office, regional health authorities, the Office of Rural and Northern Health, the University of Manitoba, Faculty of Medicine, the College of Physicians and Surgeons of Manitoba, medical students and other community stakeholders (including the Association of Manitoba Municipalities and private employers).
2. Implementation/facilitation of solutions identified by stakeholders that will contribute to addressing identified systemic barriers to recruitment and retention of physicians.
  - Launched the Physician Recruitment and Retention Strategy in August of 2009, informed by the collaborative work among stakeholders resulting in an action based plan including:
    - broadening of the eligibility criteria for the Provincial Specialist Recruitment Fund;
    - implementation of the Physician Resettlement Fund, targeted to both family practitioners and specialists;
    - implementation of the Physician Relief Fund, to provide provider relief to physicians in rural/northern Manitoba;
    - implementation of grants to support students in the Northern Remote Physician Practice Initiative;
    - coordinating the sharing of information between rural communities, municipal leaders and regions in the form of a guide on best practices to support their roles in recruitment and retention of physicians - Physician Recruitment and Retention in Manitoba, Best Practices.
    - establishment of the repatriation coordinator role to support Manitobans/Canadians studying abroad to repatriate back to Manitoba; and,
    - continued improvement in the transparency and consistency of licensure processes related to international medical graduates
  - The Physician Resource Coordination Office continues to work through the stakeholder network to identify further efforts in order to effectively target physician recruitment and retention. The College of Physicians and Surgeons of Manitoba Annual Report notes an increase in the number of physicians in Manitoba, from 2325 in 2008 to 2382 in 2009, demonstrating continued improvement in the recruitment of physicians.



**7(b) Provincial Health Services**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2009/10 \$(000's)</b>	<b>Estimate 2009/10 \$(000's)</b>	<b>Variance Over(Under) \$(000's)</b>	<b>Expl. No.</b>
Other Expenditures				
Out-of-Province	41,110	33,219	7,891	1
Blood Transfusion Services	51,534	55,779	(4,245)	2
Federal Hospitals	1,913	2,447	(534)	
Prosthetic and Orthotic Devices	14,360	10,262	4,098	3
Healthy Communities				
Development	7,523	5,923	1,600	4
Nursing Recruitment and Retention Initiatives	4,557	2,180	2,377	3
<b>Total Sub-Appropriation</b>	<b>120,997</b>	<b>109,810</b>	<b>11,187</b>	

*Explanation Number:*

1. Primarily due to increases in interprovincial reciprocal rates and volumes
2. Miscellaneous price and volume decrease
3. Miscellaneous price and volume increases
4. Primarily due to expenditures for the Aboriginal Health Transition fund, offset by delays in projects

**Medical**

The Medical Program provides payment to physicians, optometrists, chiropractors, licensed dentists, certified oral surgeons and maxillofacial surgeons. Payment is generally made on a fee-for-service basis in accordance with a schedule of benefits, which reflects agreements negotiated between Manitoba Health and the various professional associations.

**The objectives were:**

- To provide insurance in respect of the costs of medical and other health services for the health and well-being of the residents of Manitoba.

**The expected and actual results for 2009/10 included:**

1. Claims will be processed and paid in accordance with *The Health Service Insurance Act* and in accordance with existing collective agreements for insured services rendered by medical practitioners, optometrists, chiropractors and dental surgeons.
  - 11.2 million claims for approximately 21.5 million services were processed and paid to medical practitioners, optometrists, chiropractors, registered nurses (extended practice) and dental surgeons.
  - 20.3 million physician services, 205,467 optometric services, 949,988 chiropractic services, 5,872 oral surgery services, and 42,693 registered nurse (extended practice) services were paid.

**7(c) Medical**

	Actual 2009/10 \$(000's)	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
<b>Expenditures by Sub-Appropriation</b>				
Other Expenditures				
Physician Services	843,081	837,110 *	5,971	1
Other Professionals	19,313	18,255	1,058	1
Out of Province Physicians	25,454	22,924	2,530	1
Other	17,287	21,319	(4,032)	2
Third Party Recoveries	(4,919)	(6,478)	1,559	2
Reciprocal Recoveries	(14,273)	(11,757)	(2,516)	3
<b>Total Sub-Appropriation</b>	<b>885,943</b>	<b>881,373</b>	<b>4,570</b>	

\* includes enabling appropriation for Wait Time Initiatives

Explanation Number:

1. Primarily due to price and volume increases.
2. Primarily due to price and volume decreases.
3. Higher number and average cost per claim.

**Pharmacare**

Pharmacare is an income-based drug benefit program that helps protect Manitobans from high drug costs and provides 100% financial assistance for eligible prescription drugs once a preset deductible is met. Pharmacare has no enrollment fees, maximum benefit payments, co-payments, premiums or age restrictions.

**The objectives were:**

- To fund prescribed pharmaceutical benefits subject to *The Prescription Drugs Cost Assistance Act and Regulations* and *The Pharmaceutical Act and Regulations* to protect the residents of Manitoba from financial hardship resulting from expenses for eligible prescription drugs.

**The expected and actual results for 2009/10 included:**

1. Access to eligible pharmaceutical benefits for program beneficiaries.
  - The average Pharmacare benefit per family for 2009/10 increased \$150.53 or 5.5% to \$2,877.35 (unaudited as of June 1, 2010) from \$2,762.82 for 2008/09.
  - In 2009/10, additional Pharmacare income bands were introduced to the deductible rate structure to minimize increases in deductible amounts between income bands. Formerly there were four income bands of total adjusted family income: up to \$15,000; greater than \$15,000 and less than or equal to \$40,000; greater than \$40,000 and less than or equal to \$75,000; and greater than \$75,000. In 2009/10, income bands in \$1000 increments for incomes less than \$40,000, and in \$2500 increments for incomes greater than \$40,000 and less than \$47,500, were introduced.
  - Deductible rates in 2009/10 ranged from a minimum of 2.69% or \$100, to a maximum of 6.08% for incomes greater than \$75,000. Total family income is reduced by \$3,000 for a spouse and for each dependent under 18 years of age, where applicable.

**7(d) Pharmacare**

	Actual 2009/10 \$(000's)	Estimate 2009/10 \$(000's)	Variance Over(Under) \$(000's)	Expl. No.
<b>Expenditures by Sub-Appropriation</b>				
Other Expenditures	234,741	230,350	4,391	1
<b>Total Sub-Appropriation</b>	<b>234,741</b>	<b>230,350</b>	<b>4,391</b>	

Explanation Number:

1. Primarily due to price and volume increases.

## **Addictions Foundation of Manitoba**

When the new cabinet was announced in the fall of 2010, a new Department, Healthy Living, Youth and Seniors was created. The Addictions Foundation of Manitoba's appropriation was transferred over to the new department and is included in the Healthy Living, Youth and Seniors annual report.

## **Capital Funding**

Provides funding to health authorities for principal repayment on approved borrowing, equipment purchases, and other capital expenditures.

### **The objectives were:**

- To manage funding for capital projects, specialized equipment, information technology initiatives, and basic equipment approved by the Department for regional health authorities (RHAs), Diagnostic Services of Manitoba and CancerCare Manitoba through the provision of principal repayment on approved borrowing, outright capital payments, and allocation of the basic equipment funding provision.

### **The expected and actual results for 2009/10 included:**

1. Acquisition, construction, and renovation of physical assets, specialized equipment, and information technology to support the infrastructure of the health care system in accordance with the Manitoba Health Capital Plan.
  - Funds provided through approved borrowings for the acquisition, construction, and renovation of physical assets resulted in estimated approved expenditures in excess of \$106,000,000 in 2009/10 to support the infrastructure of the health care system in accordance with the Manitoba Health Capital Plan.
  - Funds provided for the acquisition, construction, and renovation of physical assets to support the infrastructure of the health care system in accordance with the Manitoba Health Capital Plan increased by \$1,225,000 from \$5,151,000 in 2008/09 to \$6,376,000 in 2009/10. Actual expenditures in 2009/10 were \$5,920,000 or \$456,000 less than the approved 2009/10 funding of \$6,376,000.
2. Principal reduction in long term debt supporting capital, specialized equipment, and information technology initiatives through principal debt repayment against approved borrowings.
  - Principal repayment of long term debt supporting capital, specialized equipment, and information technology initiatives was increased by \$3,428,000 from \$64,028,000 in 2008/09 to \$67,456,000 in 2009/10. Actual principal reduction of \$67,766,000 was applied in 2009/10 or \$310,000 greater than estimated in 2009/10 as the result of the acquisition, construction, and renovation of physical assets to support the health care system.
3. Acquisition of most urgently needed specialized equipment by RHAs, Diagnostic Services of Manitoba and CancerCare Manitoba.
  - The acquisition of specialized equipment by RHAs, Diagnostic Services of Manitoba and CancerCare Manitoba is funded from approved borrowings. Approved borrowings made available for the acquisition of specialized equipment were \$34,500,000 in 2009/10.
4. Acquisition of basic equipment for approved clinical, support and administration functions of a health facility or program.
  - Actual funds provided for the acquisition of basic equipment to support critical care, surgical, medical, and diagnostic services in 2009/10 were \$12,184,000 in 2009/10.



**9(a) Principal Repayments**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2009/10 \$(000's)</b>	<b>Estimate 2009/10 \$(000's)</b>	<b>Variance Over(Under) \$(000's)</b>	<b>Expl. No.</b>
Acute Care	51,665	51,088	577	
Long Term Care	13,802	13,713	89	
Community and Mental Health Services	2,299	2,655	(356)	
<b>Total Sub-Appropriation</b>	<b>67,766</b>	<b>67,456</b>	<b>310</b>	

**9(b) Equipment Purchases and Replacements**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2009/10 \$(000's)</b>	<b>Estimate 2009/10 \$(000's)</b>	<b>Variance Over(Under) \$(000's)</b>	<b>Expl. No.</b>
Acute Care	12,184	3,944 *	8,240	1
Long Term Care	-	3,229	(3,229)	2
<b>Total Sub-Appropriation</b>	<b>12,184</b>	<b>7,173</b>	<b>5,011</b>	

\* includes enabling appropriation for Wait Time Initiatives

Explanation Number:

1. Higher basic equipment funding.
2. Lower basic equipment funding.

**9(c) Other Capital**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2009/10 \$(000's)</b>	<b>Estimate 2009/10 \$(000's)</b>	<b>Variance Over(Under) \$(000's)</b>	<b>Expl. No.</b>
Acute Care	3,731	4,775	(1,044)	1
Long Term Care	2,189	1,601	588	
<b>Total Sub-Appropriation</b>	<b>5,920</b>	<b>6,376</b>	<b>(456)</b>	

Explanation Number:

1. Lower major project expenditures.

**Costs Related to Capital Assets**

Provides for the amortization of capital assets, and for interest expense related to capital investment borrowing.

**The objectives were:**

- To provide for the amortization of capital assets.
- To provide for interest expense related to capital investment borrowing.

**The expected and actual results for 2009/10 included:**

1. The systematic write-off to expense of the cost of an asset over its expected economic useful life.
  - Amortization of the costs of assets over the useful life of the asset was done in accordance with established timelines.

## 2. The payment of interest expense on capital investment borrowing.

- The interest expenses related to capital investment borrowing was paid in accordance with established timelines.

**10 Costs Related to Capital Assets**

<b>Expenditures by Sub-Appropriation</b>	<b>Actual 2009/10 \$(000's)</b>	<b>Estimate 2009/10 \$(000's)</b>	<b>Variance Over(Under) \$(000's)</b>	<b>Expl. No.</b>
Desktop Services	210	210	-	
Amortization Expense	3,736	3,982	(246)	
Interest Expense	887	1,819	(932)	
<b>Total Sub-Appropriation</b>	<b>4,833</b>	<b>6,011</b>	<b>(1,178)</b>	

## **Capital Investment**

### **The objectives were:**

- To ensure Manitoba Health's capital investment authority reflects the costs for priority health information technology capital initiatives.
- The acquisition of medical related equipment.

### **The expected and actual results for 2009/10 included:**

1. Recognition of capital costs associated with the development of priority health information technology capital initiatives.
  - The Cadham Provincial Laboratory, Laboratory Information Management System projects began in 2008/09 with scheduled completion date of March 2011. The benefits to Cadham Provincial Laboratory will be in operational efficiencies gained by better utilization of existing staff resources. The long term benefits will be improved daily service delivery, outbreak response, program planning and evaluation, and policy analysis.
2. Provision of technology solutions that address health priorities.
  - The capital projects related to planned technology solutions were deferred to 2010/11.
3. Upgraded medical equipment.
  - Manitoba Health acquired new medical equipment to replace obsolete equipment and improve efficiency for Cadham Provincial Laboratory.



**Financial Report Summary Information****Part 1****Manitoba Health  
Reconciliation Statement  
April 1, 2009 – March 31, 2010**

DETAILS	2009/10 ESTIMATES (\$000s)
2009/10 Main Estimates:	4,330,238
Allocation of Funds from: Enabling Appropriations	36,822
2009/10 Estimates:	4,367,060

**Manitoba Health  
Expenditure Summary**  
for fiscal year ended March 31, 2010

Estimate 2009/10 \$(000s)	Appropriation	Actual (1) 2009/10 \$(000s)	Actual (2) 2008/09 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	<b>21-1 Administration, Finance and Accountability</b>				
46	21-1a Minister's Salary	46	45		1
	<b>21-1b Executive Support</b>				
1,037	1 Salaries and Employee Benefits	1,114	1,139	(25)	(25)
180	2 Other Expenditures	124	155	(31)	(31)
	<b>21-1c Finance</b>				
5,907	1 Salaries and Employee Benefits	5,857	5,398	459	459
1,657	2 Other Expenditures	1,396	1,330	66	66
	<b>21-1d Central Services</b>				
2,737	1 Salaries and Employee Benefits	2,522	2,462	60	60
309	2 Other Expenditures	348	369	(21)	(21)
538	3 External Agencies	382	376	6	6
<b>12,411</b>	<b>Total Appropriation 21-1</b>	<b>11,789</b>	<b>11,274</b>	<b>515</b>	
	<b>21-2 Corporate and Provincial Program Support</b>				
	<b>21-2a Administration</b>				
233	1 Salaries and Employee Benefits	246	228	18	18
55	2 Other Expenditures	55	60	(5)	(5)
	<b>21-2b Information Systems</b>				
4,356	1 Salaries and Employee Benefits	4,418	4,165	253	253
958	2 Other Expenditures	668	721	(53)	(53)
4,897	3 Provincial Program Support Cost	4,618	4,708	(90)	(90)
65	4 External Agencies	-	-	-	-
	<b>21-2c Provincial Drug Programs</b>				
2,405	1 Salaries and Employee Benefits	2,364	2,032	332	332
535	2 Other Expenditures	494	496	(2)	(2)
	<b>21-2d Corporate Services</b>				
1,273	1 Salaries and Employee Benefits	1,292	1,240	52	52
752	2 Other Expenditures	666	699	(33)	(33)

Manitoba Health  
Expenditure Summary  
for fiscal year ended March 31, 2010

Estimate 2009/10 \$(000s)	Appropriation	Actual (1) 2009/10 \$(000s)	Actual (2) 2008/09 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
250	3 External Agencies	253	250	3	3
	21-2e				
881	Capital Planning				
209	1 Salaries and Employee Benefits	564	634	(70)	5
	2 Other Expenditures	146	141	5	
	21-2f				
640	Drug Management Policy Unit				
186	1 Salaries and Employee Benefits	648	538	110	
93	2 Other Expenditures	634	160	474	2
	3 External Agencies	95	93	2	
	21-2g				
2,200	Manitoba Centre for Health Policy				
	1 Other Expenditures	2,200	2,200	-	
19,988	Total Appropriation 21-2	19,361	18,365	996	
	21-3				
	21-3a				
5,916	Health Workforce				
2,081	Insured Benefits				
	1 Salaries and Employee Benefits	5,642	5,400	242	
	2 Other Expenditures	2,191	2,269	(78)	
	21-3b				
1,012 *	Medical Labour Relations				
387 *	1 Salaries and Employee Benefits	882	1,050	(168)	
1,132	2 Other Expenditures	259	947	(688)	
	3 External Agencies	1,097	524	573	
	21-3c				
904 *	Workforce Policy and Planning				
155 *	1 Salaries and Employee Benefits	935	765	170	
	2 Other Expenditures	160	732	(572)	
11,587	Total Appropriation 21-3	11,166	11,687	(521)	

\* includes enabling appropriation for Wait Time Initiatives



Manitoba Health  
Expenditure Summary  
for fiscal year ended March 31, 2010

Estimate 2009/10 \$(000s)	Appropriation	Actual (1) 2009/10 \$(000s)	Actual (2) 2008/09 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	<b>21-4 Primary Care and Healthy Living</b>				
	<b>21-4a Administration</b>				
779	1 Salaries and Employee Benefits	655	646	9	9
1,295	2 Other Expenditures	503	359	144	144
	<b>21-4b Chief Provincial Psychiatrist</b>				
308	1 Salaries and Employee Benefits	442	337	105	105
62	2 Other Expenditures	36	48	(12)	(12)
	<b>21-4c Healthy Living and Healthy Populations</b>				
-	1 Salaries and Employee Benefits	-	-	-	-
907	2 Other Expenditures	270	443	(173)	(173)
238	3 External Agencies	242	359	(117)	(117)
	<b>21-4d Aboriginal Health</b>				
378	1 Salaries and Employee Benefits	278	209	69	69
190	2 Other Expenditures	180	345	(155)	(155)
	<b>21-4e Chronic Disease Management</b>				
621	1 Salaries and Employee Benefits	718	639	79	79
542	2 Other Expenditures	1,953	1,588	365	365
	<b>21-4f Primary Care</b>				
374	1 Salaries and Employee Benefits	187	185	2	2
507	2 Other Expenditures	286	208	78	78
168	3 External Agencies	170	168	2	2
	<b>21-4g Northern Nursing Stations</b>				
2,308	1 Salaries and Employee Benefits	2,411	1,803	608	608
1,912	2 Other Expenditures	2,574	2,296	278	278
	<b>21-4h Mental Health, Addictions and Spiritual Care</b>				
696	1 Salaries and Employee Benefits	662	598	64	64
750	2 Other Expenditures	1,216	732	484	484
1,889	3 External Agencies	1,917	1,889	28	28

Manitoba Health  
Expenditure Summary  
for fiscal year ended March 31, 2010

Estimate 2009/10 \$(000s)		Appropriation	Actual (1) 2009/10 \$(000s)	Actual (2) 2008/09 \$(000s)	Increase (Decrease) \$(000s)	Expi. No.
	21-4i	Selkirk Mental Health Centre				
30,642		1 Salaries and Employee Benefits	32,224	28,388	3,836	1
5,340		2 Other Expenditures	4,819	4,197	622	
<b>49,906</b>		<b>Total Appropriation 21-4</b>	<b>51,743</b>	<b>45,437</b>	<b>6,306</b>	
<i>Explanation Number</i>						
<b>1. Increase in salaries related to ABI and Medical Services contract increases.</b>						
	<b>21-5</b>	<b>Regional Affairs</b>				
	21-5a	Administration				
308		1 Salaries and Employee Benefits	319	289	30	
59		2 Other Expenditures	86	61	25	
	21-5b	Emergency Medical Services				
1,175		1 Salaries and Employee Benefits	1,295	1,244	51	
5,512		2 Other Expenditures	5,065	5,055	10	
23		3 External Agencies	19	19	-	
	21-5c	Disaster Management				
364		1 Salaries and Employee Benefits	418	389	29	
66		2 Other Expenditures	100	164	(64)	
	21-5d	Urban Regional Support				
2,273 *		1 Salaries and Employee Benefits	2,190	1,904	286	
510 *		2 Other Expenditures	533	533	-	
744		3 External Agencies	744	659	85	
	21-5e	Northern and Rural Support				
756		1 Salaries and Employee Benefits	649	689	(40)	
210		2 Other Expenditures	176	169	7	
<b>12,000</b>		<b>Total Appropriation 21-5</b>	<b>11,594</b>	<b>11,175</b>	<b>419</b>	

\* includes enabling appropriation for Wait List Initiatives

**21-6 Public Health**  
21-6a Provincial Public Health Office

Manitoba Health  
Expenditure Summary  
for fiscal year ended March 31, 2010

Estimate 2009/10 \$(000s)	Appropriation	Actual (1) 2009/10 \$(000s)	Actual (2) 2008/09 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
9,150	1 Salaries and Employee Benefits	9,368	8,089	1,279	1
6,295	2 Other Expenditures	5,141	5,069	72	
15,968	3 Vaccines	15,310	16,882	(1,572)	
122	4 External Agencies	77	95	(18)	
	<b>21-6b</b>				
6,709	Cadham Provincial Laboratory Services				
6,025	1 Salaries and Employee Benefits	7,307	6,908	399	
	2 Other Expenditures	6,576	6,077	499	
	<b>21-6c</b>				
318	Provincial Blood Programs Coordination Office				
63	1 Salaries and Employee Benefits	354	260	94	
	2 Other Expenditures	84	199	(115)	
<b>44,650</b>	<b>Total Appropriation 21-6</b>	<b>44,217</b>	<b>43,579</b>	<b>638</b>	

## Explanation Number:

1. Increase due to Medical Services contract increases.

<b>21-7</b>	<b>Health Services Insurance Fund</b>				
<b>21-7a</b>	Funding to Health Authorities				
	Acute Care Services	1,987,327	1,848,555	138,772	1
	Long Term Care Services	524,487	514,345	10,142	2
	Home Care Services	286,504	265,317	21,187	2
	Community and Mental Health Services	205,787	192,451	13,336	2
	Emergency Response and Transport Services	55,937	53,770	2,167	2
	Third Party Recoveries	(10,106)	(9,199)	(907)	
	Reciprocal Recoveries	(58,252)	(52,480)	(5,772)	3
	Recoverable from Urban Development Initiative	(2,000)	(2,000)	-	
	<b>21-7b</b>				
	Provincial Health Services				
	Out of Province	41,110	45,778	(4,668)	4
	Blood Transfusion Services	51,534	57,603	(6,069)	4
	Federal Hospitals	1,913	1,730	183	
	Prosthetic and Orthotic Devices	14,360	10,722	3,638	3
	Healthy Communities Development	7,523	6,505	1,018	3
	Nursing Recruitment and Retention Initiatives	4,557	3,697	860	

Manitoba Health  
Expenditure Summary  
for fiscal year ended March 31, 2010

Estimate 2009/10 \$(000s)	Appropriation	Actual (1) 2009/10 \$(000s)	Actual (2) 2008/09 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	21-7c				
	Medical				
837,110 *	Physician Services	843,081	788,106	54,975	3
18,255	Other Professionals	19,313	17,077	2,236	3
22,924	Out of Province Physicians	25,454	23,708	1,746	
21,319	Other	17,287	15,413	1,874	3
(6,478)	Third Party Recoveries	(4,919)	(5,416)	497	
(11,757)	Reciprocal Recoveries	(14,273)	(13,027)	(1,246)	
	21-7d				
	Pharmacare				
230,350	Other Expenditures	234,741	229,257	5,484	3
<b>4,129,502</b>	<b>Total Appropriation 21-7</b>	<b>4,231,365</b>	<b>3,991,912</b>	<b>239,453</b>	
* includes enabling appropriation for Wait List Initiatives					
Explanation Number:					
1. Primarily due to increases in base line funding to the RHAs, and wage increases per approved mandates.					
2. Primarily due to increases in base line funding to the RHAs.					
3. Primarily due to price and volume increases.					
4. Primarily due to price and volume decreases.					
	21-8				
	Addictions Foundation of Manitoba <sup>(3)</sup>				
-	Program Delivery	-	-	-	
-	Problem Gambling Services	-	-	-	
-	Third Party Recoveries	-	-	-	
-	Recoveries from Manitoba Lotteries Corporation	-	-	-	
-	<b>Total Appropriation 21-8</b>	-	-	-	



Manitoba Health  
Expenditure Summary  
for fiscal year ended March 31, 2010

Estimate 2009/10 \$(000s)	Appropriation	Actual (1) 2009/10 \$(000s)	Actual (2) 2008/09 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.
	<b>21-9 Capital Funding</b>				
	<b>21-9a Principal Repayments</b>				
51,088	1 Acute Care	51,665	48,628	3,037	1
13,713	2 Long Term Care	13,802	13,092	710	
2,655	3 Community and Mental Health Services	2,299	1,903	396	
	<b>21-9b Equipment Purchases and Replacements</b>				
3,944	1 Acute Care	12,184	27,957	(15,773)	2
3,229	2 Long Term Care	-	5,576	(5,576)	2
	<b>21-9c Other Capital</b>				
4,776	1 Acute Care	3,731	3,170	561	
1,600	2 Long Term Care	2,189	2,047	142	
<b>81,005</b>	<b>Total Appropriation 21-9</b>	<b>85,870</b>	<b>102,373</b>	<b>(16,503)</b>	
<i>Explanation Number:</i>					
1. Primarily due to increases in debt servicing.					
2. Primarily due to decrease in basic equipment funding.					
	<b>21-10 Costs Related to Capital Assets</b>				
210	21-10a Desktop Services	210	210	-	
3,982	21-10b Amortization Expense	3,736	3,307	429	
1,819	21-10c Interest Expense	887	841	46	
<b>6,011</b>	<b>Total Appropriation 21-10</b>	<b>4,833</b>	<b>4,358</b>	<b>475</b>	
<b>4,367,060</b>	<b>Total Appropriation 21</b>	<b>4,471,938</b>	<b>4,240,160</b>	<b>231,778</b>	

## Footnotes:

- (1) Actuals for 2009/10 are based on year-end expenditure analysis report dated June 30, 2010.  
 (2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2010.  
 (3) Details of the Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.

Manitoba Health  
Revenue Summary by Source  
for fiscal year ended March 31, 2010

Actual <sup>(1)</sup> 2009/10 \$(000s)	Actual <sup>(2)</sup> 2008/09 \$(000s)	Increase (Decrease) \$(000s)	Expl. No.	Source	Actual <sup>(1)</sup> 2009/10 \$(000s)	Estimate 2009/10 \$(000s)	Variance \$(000s)	Expl. No.
<b>1. Government of Canada:</b>								
3,308	4,229	(921)	1	a) Aboriginal Health Transition Fund	3,308	4,938	(1,630)	1
1,501	1,862	(361)	2	b) Bridging General and Specialist Care	1,501	2,459	(958)	2
9,049	-	9,049	3	c) Patient Wait Times Guarantee	9,049	9,038	11	3
<b>13,858</b>	<b>6,091</b>	<b>7,767</b>		<b>Sub-Total Health Funds</b>	<b>13,858</b>	<b>16,435</b>	<b>(2,577)</b>	
2,316	2,316	-		d) Labour Market Agreements for People with Disabilities	2,316	2,316	-	
<b>2,316</b>	<b>2,316</b>	<b>-</b>		<b>Sub-Total Other Agreements</b>	<b>2,316</b>	<b>2,316</b>	<b>-</b>	
<b>2. Other Revenue:</b>								
6,213	5,553	660	4	a) Sundry	6,213	5,571	642	4
<b>22,387</b>	<b>13,960</b>	<b>8,427</b>		<b>Total Revenue</b>	<b>22,387</b>	<b>24,322</b>	<b>(1,935)</b>	

Explanation Number

1. Project delayed in 2009/10
2. Funding ended in 2009/10
3. New funding in 2009/10
4. Primarily due to volume increase in revenue for Cadham Lab in 2009/10

Footnotes:

- (1) Actuals for 2009/10 are based on year-end expenditure analysis report dated June 30, 2010
- (2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2010

**Manitoba Health**  
**Five Year Expenditure and Staffing Summary by Appropriation**  
 for years ending March 31, 2006 to March 31, 2010

Appropriation	2005/06 <sup>(1)</sup>		2006/07 <sup>(2)</sup>		2007/08 <sup>(2)</sup>		2008/09 <sup>(1)</sup>		2009/10 <sup>(1)</sup>	
	FTE	\$ (000s)	FTE	\$ (000s)	FTE	\$ (000s)	FTE	\$ (000s)	FTE	\$ (000s)
21-1 Administration, Finance and Accountability	138.73	10,286	139.73	10,446	139.73	10,645	141.23	11,274	141.73	11,789
21-2 Corporate and Provincial Program Support	138.90	16,072	140.90	16,936	141.90	17,731	144.90	18,365	143.90	19,361
21-3 Health Workforce	134.29	9,987	137.29	10,251	137.29	10,869	137.29	11,687	136.29	11,166
21-4 Primary Care and Healthy Living	457.83	38,866	465.83	42,213	469.83	47,226	528.53	45,437	537.53	51,743
21-5 Regional Affairs	61.12	17,197	61.12	10,984	63.12	6,316	67.12	11,175	66.62	11,594
21-6 Public Health	180.23	26,177	180.23	34,751	181.23	37,083	182.23	43,579	193.23	44,217
21-7 Health Services Insurance Fund		3,220,012		3,430,724		3,682,714		3,981,912		4,231,365
21-8 Addictions Foundation of Manitoba <sup>(3)</sup>										
21-9 Capital Funding		80,305		93,873		89,076		102,373		85,870
21-10 Costs Related to Capital Assets		3,416		3,980		4,485		4,358		4,833
<b>Total Departmental Expenditures</b>	<b>1,111.10</b>	<b>3,424,338</b>	<b>1,125.10</b>	<b>3,654,158</b>	<b>1,132.10</b>	<b>3,906,155</b>	<b>1,211.30</b>	<b>4,240,160</b>	<b>1,219.30</b>	<b>4,471,936</b>

## Footnotes:

- (1) Actuals for 2009/10 are based on year-end expenditure analysis report dated June 30, 2010.  
 (2) Prior years' comparative figures have been restated, where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2010.  
 (3) Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report.

# Manitoba Health Services Insurance Plan Five-Year Expenditure Summary

for years ending March 31, 2006 - March 31, 2010 <sup>(1)</sup>

Program	2005/06 \$(000s)	2006/07 \$(000s)	2007/08 \$(000s)	2008/09 \$(000s)	2009/10 \$(000s)
Health Authorities and Facilities <sup>(2)</sup>	2,312,936	2,482,726	2,682,199	2,913,132	3,075,554
Medical <sup>(3)</sup>	683,970	732,320	758,849	825,861	885,943
Provincial Programs <sup>(4)</sup>	97,563	99,310	105,770	126,035	120,997
Pharmacare	206,625	213,740	224,924	229,257	234,741
<b>Total</b>	<b>3,301,094</b>	<b>3,528,096</b>	<b>3,771,742</b>	<b>4,094,285</b>	<b>4,317,235</b>

*Footnotes:*

(1) Prior year's comparative figures have been restated where necessary, to conform with the presentation adopted for the fiscal year ending March 31, 2010.

(2) Includes Funding to Health Authorities and Capital Funding.

(3) Includes fee-for-service, alternate payments, private laboratory and x-ray facilities, Oral, Dental, and Periodontal Surgery, as well as Chiropractic and Optometric.

(4) Included in Provincial Programs are Out of Province facilities, Blood Transfusion Services, Federal Hospitals, Prosthetic and Orthotic Devices, Healthy Communities Development, and Nursing Recruitment and Retention Initiatives.



## Financial Report Summary Information

## Part 2

### Manitoba Health Services Insurance Plan Summary of Estimates April 1, 2009 – March 31, 2010

DETAILS	2009/10 ESTIMATES (\$000s)
<b>2009/10 Main Estimates:</b>	
Funding to Health Authorities	2,907,969
Provincial Health Services	109,810
Medical	881,373
Pharmacare	230,350
Capital Grants	81,005
<b>2009/10 Estimates:</b>	<b>4,210,507</b>

For the year ended March 31, 2010, the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund. As in the previous year, federal contributions pursuant to the provisions of the Canada Health and Social Transfer, were not received by the Health Services Insurance Fund but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The Provincial Consolidated Fund estimates and enabling appropriations totaled \$4,210,507 for planned expenses. During the year, Supplementary Funding of \$97,535 was approved, bringing the total to \$4,308,042.



## AUDITORS' REPORT

To the Legislative Assembly of Manitoba  
To the Minister of Health

We have audited the statement of financial position of the Manitoba Health Services Insurance Plan as at March 31, 2010, and the statement of operations and net assets for the year then ended. These financial statements reflect the Plan's health program expenses for insured services and the funding provided for these programs from the Department of Health appropriations for the Health Services Insurance Fund and Capital Grants. These financial statements are the responsibility of the management of the Department of Health. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of Manitoba Health Services Insurance Plan as at March 31, 2010, and the results of its operations and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

*Office of the Auditor General*

Office of the Auditor General

Winnipeg, Manitoba  
June 25, 2010

## MANAGEMENT REPORT

Management of Manitoba Health is responsible to the Minister of Health for the integrity and objectivity of the financial statements and schedules of the Manitoba Health Services Insurance Plan. The financial statements for the year ended March 31, 2010 have been prepared in accordance with accounting principles consistent with prior years. Included in this year's financial statement is the Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act*.

Manitoba Health maintains a system of internal control designed to provide management with reasonable assurance that confidential data and other assets are safeguarded and that reliable operating and financial records are maintained. This system includes written policies and procedures, an internal audit program and an organization structure which provides for appropriate delegation of authority and segregation of responsibilities. Staff of the Office of the Auditor General review internal controls and report their findings annually to management and to the Minister of Health.

The Office of the Auditor General is responsible to express an independent, professional opinion on whether the financial statements are fairly stated in accordance with the accounting policies stated in the financial statements. The Auditor's Report outlines the scope of the audit examination and provides the audit opinion.

Management has reviewed and approved these financial statements. To assist in meeting its responsibility, an audit committee meets to review audit, financial reporting and related matters.

On behalf of the management,

*Original signed by*

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Milton Sussman  
Deputy Minister of Health

*Original signed by*

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Karen Herd, CA  
Chief Financial Officer and  
Assistant Deputy Minister

Winnipeg, Manitoba  
June 25, 2010

**MANITOBA HEALTH SERVICES INSURANCE PLAN****Statement of Financial Position****As At March 31, 2010****(in thousands of dollars)**

	<u>2010</u>	<u>2009</u>
<b>Assets</b>		
Current		
Cash	\$ 14,660	\$ 22,030
Funds on deposit with the Province of Manitoba	262,501	242,786
Accounts receivable (Note 3)	138,795	59,672
Due from the Province of Manitoba - vacation pay (Note 4)	121,663	121,663
	<u>537,619</u>	<u>446,151</u>
Due from the Province of Manitoba - post employment benefits (Note 4)	128,177	128,177
	<u>\$ 665,796</u>	<u>\$ 574,328</u>
 <b>Liabilities and Net Assets</b>		
Current		
Accounts payable and accrued liabilities (Note 5)	415,956	324,488
Accrued vacation pay (Note 4)	121,663	121,663
	<u>537,619</u>	<u>446,151</u>
Post employment benefits payable (Note 4)	128,177	128,177
 <b>Net Assets</b>		
	<u>\$ 665,796</u>	<u>\$ 574,328</u>



**MANITOBA HEALTH SERVICES INSURANCE PLAN**

**Statement of Operations and Net Assets**

**For the Year Ended March 31, 2010**

**(in thousands of dollars)**

	2010	2009
<b>Revenue</b>		
Grants from the Province of Manitoba (Note 8)	\$ 4,204,365	\$3,977,545
Inter-provincial reciprocal recoveries - Hospital	58,252	52,480
Inter-provincial reciprocal recoveries - Medical	14,273	13,027
Third party recoveries	14,973	14,556
Miscellaneous	2,052	2,059
	<b>4,293,915</b>	<b>4,059,667</b>
<b>Expenses</b>		
Health Authorities and Facilities (Note 6)	3,033,043	2,864,201
Medical (Notes 6,10)	905,135	840,799
Provincial programs	120,997	126,210
Pharmacare	234,740	229,257
	<b>4,293,915</b>	<b>4,060,467</b>
<b>Excess (deficiency) of revenue over expenses</b>		(800)
<b>Net Assets, beginning of year</b>		800
<b>Net Assets, end of year</b>	<b>\$</b>	<b>\$ -</b>

## **Manitoba Health Services Insurance Plan**

### **Notes to the Financial Statements**

### **For the Year ending March 31, 2010**

#### **1. Nature of Operations**

The Manitoba Health Services Insurance Plan (the Plan) operates under the authority of the Health Services Insurance Act. The mandate of the Plan is to provide health related insurance for Manitobans by funding the costs of qualified hospital, medical, personal care and other health services. The Plan's financial operations are administered outside of the Provincial Consolidated Fund.

#### **2. Significant Accounting Policies**

##### **a. General**

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles (GAAP) for not-for-profit entities.

##### **b. Revenue Recognition**

Revenue is recognized as funds are drawn from Province of Manitoba appropriations.

##### **c. Capital Management**

The Plan's objective when managing capital is to maintain sufficient capital to cover its costs of operations. The Plan's capital consists of net assets.

The Plan's capital management policy is to

- Maintain sufficient capital to meet its objectives through its net assets by managing transfers of surplus funds to the Province of Manitoba,
- Meet short-term capital needs with working capital advances from the Province of Manitoba.

The Plan is not subject to externally imposed capital requirements.

There were no changes in the Plan's approach to capital management during the period.

##### **d. Financial Instruments**

Financial assets and liabilities are initially recorded at fair value. Measurement in subsequent periods depends on the financial instrument's classification. Financial instruments are classified into one of the following five categories: held for trading; available for sale; held to maturity; loans and receivables; and other financial liabilities. All financial instruments classified as held for trading or available for sale are subsequently measured at fair value with any change in fair value recorded in net earnings and net assets, respectively. All other financial instruments are subsequently measured at amortized cost.

The Plan has designated its financial instruments as follows:

Cash and funds on deposit are classified as financial assets held for trading and are measured at fair value with gains and losses recognized in the statement of operations and net assets for the current period.

Accounts receivable, and the amounts due from the Province of Manitoba are classified as loans and receivables. These financial assets are recorded at their amortized cost using the effective interest rate method with gains and losses recognized in the statement of operations and net assets in the period the gain or loss occurs.

Accounts payable and accrued liabilities, and accrued vacation pay are classified as other financial liabilities. These financial liabilities are recorded at their amortized cost using the effective interest rate method with gains and losses recognized in the statement of operations and net assets in the period the gain or loss occurs.

The Plan has continued to apply section 3861, Financial Instruments – Disclosures and Presentation in place of Sections 3862 and 3863.

Unless otherwise noted, it is management's opinion that Plan is not exposed to significant interest, currency or credit risk arising from these financial instruments.

#### **Fair value of financial instruments**

The fair value of accounts receivable due from the Province of Manitoba – vacation pay, accounts payable and accrued liabilities, and accrued vacation pay approximates their carrying values due to their short-term maturity.

The carrying value of the due from the Province of Manitoba – post employment receivable approximates its fair value, as the annual interest accretion is funded.

#### **e. Use of Estimates**

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

#### **f. Administrative and Operating Expenses**

The financial statements do not include administrative salaries and operating expenses related to the Plan. These are included in the operating expenses of Manitoba Health.

#### **g. Statement of Cash Flows**

These financial statements do not include a Statement of Cash Flows. In the opinion of management, the Statement of Cash Flows does not provide additional disclosure.

#### **h. Changes in Accounting Policies**

The Fund has adopted the amendments to the 4400 series of the CICA Handbook. The primary impact of these changes was to present revenues and expenses on a gross basis.

### **3. Accounts Receivable**

	2010	2009
Province of Manitoba	\$63,904	\$21,721
Other Provinces and Territories	29,351	23,994
Other	45,540	13,957
	<b>\$138,795</b>	<b>\$59,672</b>

### **4. Employee Benefits**

The Plan revised, in 2005, its funding arrangements related to vacation pay and post employment benefits. Prior to 2005, the Plan did not fund the annual vacation leave earned by employees of the Regional Health Authorities (Health Authorities) and Health Care Facilities (Facilities) until the year vacations were taken. As well, the Plan did not fund post-employment benefits earned by employees of Health Authorities and Facilities until those post-employment benefits were paid. Funding is now provided as vacation pay and post employment benefits are earned by employees subsequent to March 31, 2004.

The amount recorded as due from the Province – vacation pay was initially based on the estimated value of the corresponding liability as at March 31, 2004. Subsequent to March 31, 2004, the

Province has included in its ongoing annual funding to the Plan, an amount equal to the current year's expense for vacation pay entitlements.

The amount recorded as due from the Province – post employment benefits is the value of the corresponding actuarial liability for post employment costs as at March 31, 2004. There has been no change to the value subsequent to March 31, 2004 because the Province has provided, in its ongoing annual funding to the Plan, an amount equivalent to the change in the post employment liability including annual interest accretion related to the receivable. The receivable will be paid by the Province when it is determined that the funding is required to discharge the related post employment liabilities.

## 5. Accounts Payable and Accrued Liabilities

	2010	2009
Health Authorities and Facilities	\$294,001	\$187,740
Medical Service Claims	85,255	81,031
Pharmacare Claims	6,281	17,174
Province of Manitoba	1,217	9,211
General	29,202	29,332
	<b>\$415,956</b>	<b>\$324,488</b>

## 6. Regional Health Authorities

The following table summarizes payments to the Health Authorities. These payments are included in the financial statements in the expense categories of Health Authorities and Facilities and Medical.

Regional Health Authority	2010			2009
	Facilities	Medical	Total	Total
Winnipeg	\$1,849,226	\$172,135	\$2,021,361	\$1,931,927
Brandon	169,663	13,002	182,665	174,586
North Eastman	46,743	3,342	50,085	47,573
South Eastman	72,981	6,402	79,383	75,342
Interlake	93,634	8,084	101,718	97,912
Central	161,109	16,459	177,568	166,066
Assiniboine	132,085	15,578	147,663	141,205
Parkland	108,261	5,767	114,028	110,172
NOR-MAN	62,325	12,042	74,367	69,593
Burntwood	62,439	15,950	78,389	74,170
Churchill	10,158	-	10,158	10,841
CancerCare	80,457	15,217	95,674	91,153
Total Payments	<b>\$2,849,081</b>	<b>\$283,978</b>	<b>\$3,133,059</b>	<b>\$2,990,540</b>

The expense category, Health Authorities and Facilities, in the Statement of Operations and Net Assets is comprised of the following:

	2010	2009
Health Authorities payments	\$2,849,081	\$2,737,195
Accruals and payments to facilities and third parties	183,962	127,006
Total Expenses	<b>\$3,033,043</b>	<b>\$2,864,201</b>



The expense category, Medical, in the Statement of Operations and Net assets is comprised of the following:

	<b>2010</b>	<b>2009</b>
Fee for Services Medical payments and accruals	<b>\$603,546</b>	\$571,553
Health Authorities payments	<b>283,978</b>	253,345
Optometric	<b>7,050</b>	6,120
Chiropractic	<b>10,561</b>	9,781
<b>Total Expenses</b>	<b>\$905,135</b>	<b>\$840,799</b>

**7. Contingencies**

The nature of the Plan's activities is such that there may be litigation pending or in progress at any time. With respect to claims at March 31, 2010, no provision has been made in the financial statements as the final outcome of the claims is not determinable at this time.

**8. Economic Dependence**

The Plan is economically dependent on the Province of Manitoba for its funding.

**9. Related Party Transactions**

In addition to those related transactions disclosed elsewhere in these financial statements, the Plan is related in terms of common ownership to all Province of Manitoba created departments, agencies and Crown corporations. The Plan enters into transactions with these entities in the normal course of business. These transactions are recorded at the exchange amount.

**10. The Public Sector Compensation Disclosure Act**

The Schedule of Payments pursuant to the provisions of The Public Sector Compensation Disclosure Act is included as part of the Annual Report of Manitoba Health.

**11. Comparative Figures**

Certain of the prior year's figures have been reclassified to conform to the current year's presentation.



**AUDITORS' REPORT**  
**Schedule of Public Sector Compensation Disclosure**

To the Legislative Assembly of Manitoba  
To the Minister of Health

We have audited the Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2010, prepared in accordance with The Public Sector Compensation Disclosure Act. This financial information is the responsibility of the management of the Department of Health. Our responsibility is to express an opinion on this financial information based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial information is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial information. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the financial information.

In our opinion, this schedule presents fairly, in all material respects, compensation of The Manitoba Health Services Insurance Plan for the year ended March 31, 2010, in accordance with the provisions of The Public Sector Compensation Disclosure Act.

*Office of the Auditor General*

Office of the Auditor General

Winnipeg, Manitoba  
June 25, 2010

# Manitoba Health Services Insurance Plan

## The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2010

*This Schedule of Payments is published in compliance with the provisions of "The Public Sector Compensation Disclosure Act".*

*The Act requires the publication of the name of every person who receives \$50,000 or more in the fiscal year for providing services to insured persons under The Health Services Insurance Act, and the amount paid to each. It should be noted that the payments reported for physicians represents their fee-for-service amounts only. The payments reported do not include payments that a physician may receive from alternate sources such as salary and contract payments, sessional payments, on-call stipends etc.*

*The fee-for-service payments are reported under the name of the practitioner who provided the services, except for special arrangements when services provided by a group of practitioners are billed in the name of a single practitioner for administrative efficiencies. This type of billing arrangement is in place for radiology, laboratory, nuclear medicine and dialysis services in particular. As a result, some of the amounts shown have not been generated solely by the practitioner whose name is shown.*

*Persons reading these data should understand that:*

- *These data provide only a record of gross payments made by Manitoba Health and Healthy Living to the practitioner.*
- *A practitioner's net income may vary from the gross payments shown as costs of operating a practice must be paid from these gross payments.*
- *As total revenues and costs of practice vary significantly between specialty groups and between individual practitioners, net income can also vary significantly.*

Abbott B B	\$133,759	Alazragh W A	\$459,948	Andrew C	\$509,548
Abbu G P	\$97,118	Albak R E	\$308,446	Anhalt Hicks C D	\$693,907
Abdalla S E E	\$116,609	Aldor T A M	\$68,628	Anozie C B	\$370,094
Abdulrehman A S	\$331,386	Alevizos I	\$76,385	Antonenko N E	\$203,370
Abell W R	\$96,266	Ali A	\$74,356	Antonissen L A S	\$433,373
Abidullah M	\$604,026	Ali M B	\$391,252	Anyadike I O	\$410,871
Aboobaker S	\$399,018	Aljafari A	\$324,143	Aoki F Y	\$198,004
Abu Shahma M	\$272,995	Allan D R <sup>3</sup>	\$449,849	Aragola S	\$367,570
Adam C J E	\$140,084	Allan R R	\$447,860	Araneda M C	\$112,396
Adam-Sdrolas H L	\$182,941	Almalky A	\$106,920	Arkoubi A	\$95,854
Adams D W	\$98,339	Alnhisi K	\$550,306	Armas Enriquez A T	\$166,003
Adduri V R	\$363,079	Alshangiti F	\$144,756	Armstrong B	\$443,530
Adrewi H	\$272,186	Altman G N	\$242,276	Armstrong S <sup>3</sup>	\$1,069,567
Agha Khani Y	\$109,606	Alto L E	\$618,127	Arneja A S	\$211,657
Ahluwalia R S	\$515,446	Alvi C W	\$92,142	Arneja J	\$389,736
Ahmad E	\$88,478	Amadeo R J J	\$288,784	Arnott P C	\$483,172
Ahmad S N	\$223,093	Amede K H	\$414,580	Arrezaghi M	\$145,845
Ahmed N	\$132,714	Amin S M	\$88,651	Ashcroft R P	\$158,249
Ahmed S	\$50,108	Anastasiades L	\$144,523	Ashfaq B	\$79,317
Ahweng A	\$217,184	Anderson A	\$83,686	Ashique A	\$118,312
Aiken A	\$58,929	Anderson B R	\$349,258	Ashton M	\$63,456
Ainley A	\$85,041	Anderson B	\$154,526	Askar M	\$356,754
Akena C	\$418,254	Anderson D M	\$207,824	Asskar R	\$785,036
Akra M A	\$121,370	Anderson K A	\$101,430	Assuras G N	\$405,176
Al Gurashi F	\$398,038	Anderson M J	\$51,094	Astorga M	\$228,230
Al Hayek A	\$57,315	Anderson M	\$107,909	Atkinson R	\$265,575
Al-Kaabi A	\$104,598	Anderson R A	\$250,212	Atwal J	\$296,372
Al-Shukri M N	\$98,523	Anderson S D	\$81,519	Avery L	\$208,206

Awad J	\$269,651	Benshaban L	\$191,431	Bourque C N	\$343,169
Awadalla A	\$868,095	Bereznay O	\$344,869	Boustcha E	\$176,256
Azer N	\$252,609	Bergen J	\$213,417	Bovell F M	\$207,303
Azzam H M	\$57,762	Bergman E	\$174,295	Bow E	\$79,858
Azzam L	\$89,126	Bergner H	\$146,922	Bowman M N	\$50,976
Babick T R	\$469,447	Bermack B A	\$433,229	Boyd A J	\$332,202
Bacily M A	\$331,633	Bernier M	\$727,463	Bracken J	\$195,508
Badenhorst F	\$266,799	Bernstein C N	\$407,152	Bracken J H	\$365,175
Bagry H	\$100,538	Bernstein K <sup>3</sup>	\$392,459	Bradley B D	\$279,606
Baidwan S K	\$151,093	Beshay N M S	\$429,610	Bradshaw C D	\$262,436
Baillie C	\$564,188	Beshay S	\$258,665	Brandes L J	\$128,160
Baker C	\$381,379	Best R L	\$389,368	Brar A	\$88,042
Balachandra B	\$204,239	Bhanot P	\$224,355	Brar P	\$265,047
Balageorge D	\$426,447	Bhayana R K	\$303,351	Braun E	\$241,449
Balcha B	\$71,252	Bhayana R	\$238,149	Braun J	\$65,321
Balko G	\$296,159	Bhayana V	\$69,211	Braun K Y	\$146,790
Ball F	\$277,024	Bhuiyan N N	\$118,063	Breckman D K	\$359,485
Ballen J L	\$376,914	Biala B	\$341,084	Breckman G L	\$189,945
Banmann D S	\$265,541	Billinkoff E N	\$343,471	Bretecher G	\$473,157
Barac I	\$109,753	Bilos R J	\$208,359	Bristow K	\$115,922
Barac S	\$155,787	Birdi K	\$71,626	Broda R J	\$198,415
Barber L	\$280,454	Birk P	\$82,036	Brodovsky S C	\$674,820
Barc J	\$237,026	Birt D	\$432,241	Brooker G	\$154,221
Bard R J	\$309,546	Bishay F S	\$251,414	Brown H J	\$70,228
Baria K	\$338,371	Bissonnette A	\$365,992	Brown R	\$257,261
Barker M F	\$482,014	Black D R	\$362,631	Brownell L	\$180,765
Barkman J M	\$239,766	Black G B	\$177,458	Bruce K	\$51,700
Barnes J G	\$280,988	Blakley B W	\$152,727	Bruneau M R	\$285,605
Barnes W R	\$110,338	Blouw R H	\$304,241	Brunt M	\$128,828
Baron C M	\$316,558	Blydt-Hansen T D	\$61,920	Bshouty Z	\$200,180
Baron K	\$408,405	Blyth S	\$330,623	Buchel E W	\$987,907
Barron L W	\$312,459	Bock G	\$328,920	Buchik G M	\$122,344
Bartlett L C	\$204,352	Boguski G	\$76,106	Budolowski B A	\$59,804
Basson H J	\$327,585	Bohemier J	\$179,848	Bueddefeld H D	\$345,403
Basta A F	\$175,394	Bohm C J	\$180,412	Buenafe J	\$477,535
Battad A B	\$171,921	Bohm E R	\$350,062	Bueti G <sup>3</sup>	\$448,234
Bay T	\$195,138	Bolton D R	\$306,804	Buffie J	\$71,308
Baydock B	\$102,947	Bolton J M S	\$148,380	Buffo Sequeira I	\$69,371
Beauchamp D N	\$89,030	Boman J	\$160,216	Bullen S A	\$144,122
Beaudette R M	\$147,227	Book B H	\$53,831	Bullock Pries K R	\$101,234
Becker A	\$180,882	Bookatz B J	\$297,567	Burke M E	\$205,763
Becker M	\$68,432	Booth F	\$138,667	Burnell C D C	\$580,742
Beckstead J E	\$156,183	Booy H	\$341,537	Burnet N	\$336,285
Bedder P	\$324,322	Borkowsky K	\$67,719	Burnett C J	\$235,669
Bedi B	\$265,310	Borley J	\$103,093	Burnett M	\$295,798
Beer D	\$62,474	Boroditsky A	\$82,853	Burnett M	\$218,402
Beldavs R A	\$1,123,686	Boroditsky M	\$54,597	Burtch D	\$68,240
Belgasem M	\$676,593	Boroditsky M L	\$491,203	Burym C J	\$535,103
Bell D D	\$82,465	Boroditsky R S	\$199,201	Butler J B	\$144,377
Bellan L	\$552,293	Borrett G F	\$299,744	Butler N	\$291,293
Bellas J	\$232,093	Borys / E	\$262,022	Calderon-Grande H	\$301,551
Bellisario T	\$81,046	Botha A	\$164,602	E	
Benade E	\$128,649	Botha D	\$330,194	Calhoun L L	\$161,138
Benning H S	\$854,523	Botha D J	\$116,737	Cameron M R	\$337,530
Benoit A	\$209,591	Bourdon N	\$65,733	Campbell B	\$211,369
				Campbell G	\$303,561



Campbell N	\$90,017	Cleghorn S	\$694,781	Dashefsky S M	\$484,016
Canadas L A	\$267,534	Coates K R	\$420,151	Davey M	\$357,215
Caners D	\$577,227	Cochrane D	\$70,463	Davey R J	\$324,901
Caners T	\$75,891	Cohen B A	\$598,425	David M F	\$415,626
Cannon J E	\$146,456	Cohen M A	\$83,429	Davidson J M	\$1,565,987
Cantor M J	\$365,108	Cohen-Postl S	\$58,499	Davis M H	\$223,853
Caplan A H	\$317,472	Collin M B	\$96,820	Davis M O	\$398,152
Caplan D C	\$245,260	Collison L M	\$291,113	Davloor R	\$279,658
Cappellani R B	\$312,493	Collison S	\$130,395	Day M	\$70,741
Carpenter N	\$355,982	Collister C W	\$477,657	Daya J J	\$171,491
Carson J B	\$336,582	Condon A J	\$52,775	De Klerk R R	\$70,266
Cartagena R A	\$423,987	Connelly P	\$67,792	De Korompay V	\$421,680
Carter R	\$190,490	Connor D	\$715,520	De Moissac P C	\$320,805
Casey A R	\$258,407	Connor D H	\$76,813	De Muelenaere P	\$1,003,296
Caswell B	\$77,241	Consunji-Aranet R	\$134,498	De Rocquigny A J	\$573,886
Caswill M	\$265,426	Convery K	\$269,833	De Wet J	\$373,263
Cavallo D	\$329,183	Coodin M G	\$275,799	De Wit S L	\$570,316
Cavers K J	\$234,593	Cooke A L	\$109,125	Dean E C	\$341,247
Chakraborty A R	\$149,707	Corbett C	\$328,611	Dean H	\$72,369
Chale K	\$53,753	Corbett R P	\$71,495	Debnath P K	\$248,138
Chan E L	\$298,831	Cordova J L	\$232,872	Debrouwere R G	\$355,450
Chan J	\$69,990	Corne S I	\$633,823	Decter D	\$570,683
Chan J J	\$252,347	Cossoy M	\$60,240	Delaive M	\$275,470
Chan L H	\$197,834	Coueslan G W <sup>2</sup>	\$833,156	Demsas H	\$327,751
Chan T	\$228,749	Cowan D J	\$411,020	Deonarine L	\$581,591
Chapman S D	\$397,293	Cowden E	\$205,647	Deong P J	\$380,722
Charbonneau E J F	\$70,668	Coyle S J	\$414,943	Derzko L	\$69,403
Chatel N L	\$220,011	Craig D	\$96,282	Desmarais G P	\$140,112
Chaudhry S N	\$165,577	Cram D H	\$695,111	Desmond G H	\$377,397
Chenier D	\$65,187	Craton N	\$130,799	Deutscher R	\$323,753
Chenier P	\$63,123	Crawford D	\$192,925	Dhalla S S	\$1,250,826
Cherian R	\$77,289	Cristante L	\$788,587	Dhanjal P	\$204,527
Chernish G M	\$62,075	Crockett M	\$124,187	Dharamsi N	\$74,481
Cheung L K	\$115,924	Crosby J A	\$220,189	Dhillon A	\$51,298
Chimilal J D	\$74,747	Cross R	\$273,902	Diamond H D	\$186,154
Chin D	\$1,072,161	Crust L J	\$58,304	Dias E M	\$113,867
Cho P A	\$545,817	Csupak E M	\$222,172	Dickson T	\$287,469
Chochinov P H	\$312,038	Cumming G	\$89,252	Dillon J D	\$357,614
Chodirker B N	\$177,302	Cummings M L	\$303,566	Dillon L G	\$85,372
Chopra A	\$262,690	Czaplinski J E	\$127,271	Dillon T	\$52,675
Choptiany R B W	\$197,468	Czaplinski K	\$256,620	Diocee R	\$68,597
Choptiany T I	\$569,774	Czarnecka M M	\$204,727	Dionne C	\$353,903
Chow C	\$316,011	Czarnecki W <sup>1</sup>	\$310,098	Dissanayake D	\$289,809
Chow C	\$112,452	Czaykowski P M	\$157,945	Dixon N	\$201,301
Chow M	\$69,968	Da Silva H	\$80,085	Dizon A M	\$133,103
Chowdhury A D	\$179,200	Da Silva L M	\$348,666	Doak G J	\$238,117
Christodoulou C C	\$402,817	Dabrowski P T	\$286,173	Doan Q	\$233,119
Chudley A E	\$129,700	Daeninck P J	\$104,490	Docking L M	\$218,834
Chung L	\$210,751	Dakshinamurti S S	\$248,737	Doermer E	\$428,032
Ciecierski D	\$243,177	Dalling G N	\$258,707	Doerr J J	\$332,952
Cisneros N	\$329,008	Dandekar A S	\$361,997	Dolynchuk K N	\$220,974
Clark I H	\$217,951	Dandekar M S	\$129,366	Dominique F	\$242,834
Clark M A	\$197,223	Dang T H	\$317,958	Domke H	\$335,974
Clark S G	\$312,763	Daniels V	\$134,208	Domke O	\$54,436
Clark S M	\$137,025	Darczewski I	\$314,956	Domke S	\$292,118
Clayden G	\$476,523	Dascal M A	\$155,937	Dookeran R	\$941,919

Dornn B	\$73,751	Elves E	\$697,145	Fourie T	\$426,977
Dowhanik M A	\$95,148	Embil J M A	\$743,023	Frame H	\$280,225
Dowhanik P B J	\$112,458	Embree J E	\$115,651	Francois J M G	\$75,019
Downs A C	\$365,695	Emery C	\$299,039	Fraser D B	\$57,822
Doyle J	\$162,447	Eng S	\$320,028	Fraser M B	\$288,790
Drachenberg D E	\$553,933	Engel C	\$476,170	Fraser V H	\$256,950
Dressler G R	\$76,809	Engel J S	\$613,871	Fraser-Roberts D L	\$91,224
Drew E	\$57,580	Engel M	\$87,584	Frechette C	\$137,304
Drew-Scott R	\$109,300	Engelbrecht J F	\$221,840	Frechette M	\$326,693
Drexler J	\$532,964	Engelbrecht S	\$341,474	Frechette S C	\$423,239
Dreyer C	\$75,395	Enns J P	\$455,327	Frederick D V	\$71,287
Drobot G R	\$195,759	Erhard P	\$134,075	Fredette P	\$284,926
Du Plooy J	\$370,811	Eschun G M	\$152,095	Freed D H	\$441,792
Du Toit L L	\$93,177	Eshghi Esfahani F	\$308,922	Freedman J I	\$271,164
Dubberley J	\$295,787	Eskandar A A	\$168,953	Freitas E A	\$223,155
Dubyna D	\$499,428	Eskandargergies S	\$162,094	Friesen J	\$454,126
Ducas D A	\$111,993	Esmail A	\$468,038	Froese W	\$369,339
Ducas J	\$652,936	Essa R A A	\$475,991	Frohlich A M	\$420,687
Duchek D L	\$65,003	Esser C M	\$78,698	Fuchs G R	\$443,153
Dueck D	\$370,078	Ethans K D	\$135,178	Fung H	\$424,601
Duerksen C	\$485,246	Evans H	\$61,675	Funk D J	\$221,199
Duerksen D R	\$505,048	Evans M J	\$100,320	Fuzeta G	\$162,332
Duerksen K	\$79,157	Ewert F J	\$395,673	Gabriel M	\$197,743
Duerksen M T	\$365,723	Fagbemigun A	\$76,378	Galenzoski K J	\$232,447
Duff B D	\$154,224	Fainman S E	\$113,734	Galessiere P F	\$632,968
Duffy G	\$224,319	Fair S E	\$61,326	Galimova L	\$364,691
Duke P C	\$135,665	Falconer T	\$60,563	Gall R M	\$448,185
Dumatol-Sanchez J	\$326,717	Fanat I	\$99,660	Gallagher K	\$155,952
Duncan S J	\$388,885	Fanella S T	\$84,835	Garba S	\$668,517
Dunford D A	\$72,453	Farag R F	\$349,162	Garber L	\$389,175
Dupont J O <sup>4</sup>	\$733,613	Farmer R C	\$229,240	Garber P J	\$318,296
Duval R	\$182,754	Fast M D	\$480,299	Gard S	\$321,463
Dyck G H	\$480,092	Fatoye A	\$72,561	Garip S M	\$229,277
Dyck M P	\$226,754	Feasey D	\$106,263	Gauthier S W	\$67,631
Eaglesham H <sup>2</sup>	\$1,183,455	Feierstein M	\$217,259	Gelidan A G	\$58,591
Earle L	\$63,632	Ferguson D A	\$88,852	Geneve M	\$173,297
Ebbeling-Treon L	\$200,345	Finlayson N A	\$196,945	George R H	\$133,851
Edward G	\$313,123	Finney B A G	\$233,792	Georgi M	\$52,143
Egan M M	\$251,811	Fischer A D	\$173,574	Gera R M	\$414,401
Egey-Samu Z	\$117,277	Fisher M	\$61,379	Gerber J D W	\$302,049
Eggertson D	\$304,018	Fishman L	\$340,811	Gerstner T V	\$423,443
Eghtedari-Namin F	\$119,044	Fitzgerald M	\$275,472	Gertenstein R J	\$536,152
Eisenstat J	\$252,162	Fjeldsted F H	\$275,270	Ghebray T M	\$237,574
Ekins M B	\$237,639	Flattery P M	\$143,105	Ghoneim M S	\$317,874
El Gwaify N A	\$470,458	Fleisher M L	\$104,337	Giannouli E	\$459,000
El-Gabalawy H S	\$62,571	Fleisher W P	\$107,087	Giesbrecht D R	\$340,137
Elahiyoun K	\$59,752	Fleming F L	\$253,457	Giesbrecht J E	\$149,937
Elbardisy N	\$455,619	Fletcher C W	\$299,726	Giles B L	\$84,475
Eleff M K	\$128,525	Foerster D R	\$352,172	Gill E	\$283,928
Elgazzar R F	\$114,685	Fogel R B	\$110,778	Gillespie B	\$733,860
Elias K	\$338,102	Fong H	\$419,545	Gillespie J L	\$239,827
Elkin J	\$287,922	Fontigny N J	\$348,156	Gingerich J R	\$174,878
Elkin M S	\$353,504	Fortier D C	\$53,056	Gingerich R	\$158,363
Elkurbo M A	\$51,879	Fotti S A	\$226,852	Girard J	\$290,759
Elliott J	\$203,361	Fourie H	\$178,829	Girgis F S	\$341,738

Glacken R P	\$292,378	Gupta C K	\$360,391	Henry S F	\$144,471
Glenn D M	\$102,284	Gupta D K	\$677,943	Hershberg D M	\$170,471
Glew W B	\$248,985	Guzman R	\$654,176	Hershfield E S	\$261,616
Glezerson G	\$512,448	Gwozdecki T M	\$208,487	Hiebert T	\$114,545
Globerman D J	\$50,761	Ha F T	\$187,660	Hildahl C	\$368,984
Gobeil J J G	\$99,147	Haberman C J	\$348,279	Hilderman L	\$190,393
Godlewski E J	\$283,312	Haggard G G	\$269,265	Hildes Ripstein G E	\$138,332
Godlewski W	\$480,881	Hahlweg K A	\$220,795	Hitchon C	\$156,014
Goeke F	\$241,833	Hai M A	\$331,378	Ho J	\$261,362
Goerz P G	\$157,636	Haiart D C	\$317,111	Ho K S	\$54,575
Goldberg A	\$75,769	Hajidiacos N	\$201,006	Hobbs C L	\$87,082
Goldenberg D	\$454,048	Haleis A R	\$127,541	Hobson D E	\$363,393
Goldman B L	\$56,858	Haligowski D	\$281,707	Hochman D J	\$540,493
Gomori A J	\$206,228	Halka H	\$498,965	Hochman J	\$109,953
Gonzalez-Pino F	\$194,524	Hall B A	\$66,867	Hodge S A	\$674,285
Gooi A	\$99,917	Hallatt D	\$64,928	Hoepfner W T	\$165,761
Gooi T H	\$518,754	Hamedani R	\$433,840	Holder F	\$279,658
Gooi T L	\$693,476	Hameed K A	\$327,555	Holland-Muter E	\$230,188
Goossen M	\$654,546	Hamideh F	\$218,398	Holmes C	\$140,439
Goossen R	\$57,488	Hamm R C	\$86,569	Holowenko D S	\$100,524
Gordon J	\$486,174	Hammond G W	\$203,851	Holroyd D	\$58,096
Gordon S	\$81,917	Hamson A	\$81,286	Holt S C	\$231,491
Gordon W L	\$315,922	Hancock B J	\$223,715	Homik L	\$755,043
Gorski B A	\$273,741	Hanlon-Dearman A C	\$118,340	Honiball J J	\$445,477
Goubran A W	\$404,899	Hanna I	\$165,567	Hooper D	\$512,729
Gouda F F	\$146,033	Hanna M	\$405,292	Hooper W M	\$195,048
Gould L F	\$342,785	Harati O A H	\$176,425	Horne D	\$113,857
Goulet S C	\$130,012	Harding G A J	\$161,662	Hosegood G	\$58,956
Govender P	\$355,367	Harding G E	\$521,187	Hosking D	\$341,743
Governo N J	\$69,719	Hardy B <sup>2</sup>	\$630,095	Houston D S	\$66,046
Goytan M J	\$648,188	Haresha A	\$256,099	Howden W A	\$305,531
Grabowski J L	\$393,939	Harms S	\$369,719	Hoy G J	\$228,201
Grace K J	\$240,195	Harrington J	\$57,870	Hoy M L	\$258,463
Graham C P	\$238,017	Harris P	\$807,236	Hrabarchuk B	\$437,456
Graham K	\$454,377	Harrison W D	\$415,106	Huebert D M	\$418,863
Graham M R	\$193,196	Hartley D M	\$340,436	Huebert H T	\$114,222
Graham R	\$123,323	Hartry Z C	\$76,644	Hughes P M	\$190,114
Grass S B	\$315,390	Hasan M	\$93,939	Humphreys K M	\$171,087
Gray M G	\$365,790	Hashem F A	\$210,417	Hunt J	\$68,399
Greenberg C R	\$85,672	Hashmi S	\$380,736	Hurst L D	\$430,064
Greenberg H M	\$278,437	Hawaleshka A	\$196,051	Husarewycz S	\$365,551
Gregoryanz T	\$250,759	Hayakawa T E	\$562,965	Hussain F	\$741,529
Grenier D	\$78,560	Haydey R P	\$877,449	Hussain F M	\$186,340
Griffin P	\$185,528	Hayward R J	\$513,412	Hussain M I	\$158,306
Griggs G	\$268,472	Hechler P	\$168,849	Hussain S	\$258,875
Grimbeek F	\$276,956	Hechtenthal N	\$201,813	Hutfluss G J	\$427,333
Grimes R B	\$227,490	Hedden D R	\$573,845	Hyman J R	\$168,713
Gripp K E	\$82,720	Hedden J R	\$239,416	Hynes A F	\$201,466
Grobler W P	\$357,697	Heese H	\$73,007	Iancu D	\$128,229
Grocott H P	\$290,905	Heidenreich W	\$201,257	Ibbitt C J	\$255,018
Groenewald L H	\$135,374	Helewa M E	\$260,603	Ibrahim A F A	\$390,281
Groohi B	\$198,850	Helms J B	\$531,894	Ibrahim M	\$231,931
Groves L	\$320,070	Henderson B <sup>2</sup>	\$3,782,764	Ijaz S P	\$82,772
Gudmundson C	\$320,778	Henderson L P	\$117,284	Ilchyna D C	\$246,508
Guindi N S	\$179,484	Henry D W	\$226,352	Illyckyja A	\$206,730
Gujral P	\$92,476			Ilse W K	\$291,781



Imam I E B	\$195,742	Jovel R E	\$222,541	Kirkpatrick I D C	\$300,471
Ingimundson J C	\$173,588	Jowett A	\$351,271	Kirsner A	\$388,641
Inglis D	\$421,909	Junaid A	\$264,507	Kish S L	\$199,925
Ingram P F	\$213,516	Kabani A M	\$175,572	Kisil D	\$69,607
Intrater H	\$340,826	Kadambi D R	\$130,577	Klaponski S	\$128,593
Ip A	\$322,965	Kaethler W	\$367,829	Klassen D H	\$284,864
Irving J E	\$396,892	Kahanovitch D	\$340,370	Klassen L J	\$118,863
Isaac C	\$234,593	Kaita K D E	\$328,958	Klassen N F	\$304,451
Isaacs R L	\$293,118	Kalicinsky C	\$230,346	Klassen O	\$153,415
Iskander S S G	\$59,763	Kaltumyk B P	\$142,498	Kliwer K	\$318,542
Iskander S F	\$200,046	Kania J	\$750,034	Klippenstein N L	\$617,782
Islur A	\$389,382	Kaplan J	\$80,631	Kloppers A A	\$528,243
Ismail I	\$66,936	Karimu A L	\$52,596	Kluke C	\$61,430
Israels S J	\$56,567	Karlicki F	\$399,474	Klym K L	\$123,246
Ivey J	\$237,250	Karpinski M E	\$279,365	Knezic K A	\$149,489
Jabs M	\$56,449	Karvelas J	\$168,344	Koczanski R	\$152,981
Jackson J H	\$53,381	Kashin R S	\$54,677	Koensgen S J	\$227,135
Jacob M V	\$281,020	Kasper K D	\$240,306	Koh C	\$113,219
Jacob T K	\$72,650	Kassier K	\$234,810	Kohanek F L	\$71,533
Jacob V C	\$1,080,511	Kassis L	\$314,933	Kolt A M	\$102,597
Jacobs J	\$467,955	Kati A A	\$155,155	Koltek M M	\$72,367
Jacobsohn E	\$163,913	Katz L	\$133,070	Komenda B W	\$263,090
Jaeger C	\$281,313	Katz P	\$187,492	Komenda P V J <sup>3</sup>	\$568,247
Jain M	\$530,800	Kaufman R	\$145,992	Komosky J	\$144,347
Jain N K	\$95,540	Kaushal R D	\$277,671	Kong A M C	\$277,004
James J M	\$484,839	Kaviani M	\$346,421	Koodoo S R	\$315,688
James K J	\$80,957	Kayler D E	\$686,893	Kos G P	\$55,045
Jamora E	\$68,420	Keddy-Grant J	\$225,456	Kotecha Y	\$422,859
Jansen Van Rens N	\$592,884	Kehler T	\$85,950	Koulack J	\$578,603
Jason M	\$289,697	Kelleher B E	\$141,944	Kousonsavath R	\$181,913
Jassal D	\$187,673	Kellen P	\$297,106	Koven S	\$109,215
Jebamani S	\$305,859	Kellen R I	\$680,163	Kovnats S	\$165,341
Jei Almdhem M	\$312,147	Kemkaran K	\$184,232	Kowalchuk I J	\$329,265
Jellicoe P	\$170,964	Kepron W	\$318,331	Kowalski S	\$199,225
Jenkinson D	\$61,463	Kerr L	\$111,216	Kraemer G	\$109,524
Jensen B	\$66,140	Kerr P D	\$333,063	Krahn C	\$334,863
Jensen C W B	\$336,425	Kettler J J	\$165,730	Krahn J	\$324,415
Jensen D M	\$483,661	Kettner A	\$135,238	Krahn M	\$90,889
Johnson A W	\$53,023	Khadem A	\$426,215	Kramer M	\$203,186
Johnson B	\$309,891	Khaleifa A O	\$283,816	Kraut A	\$71,868
Johnson C	\$225,025	Khalil I	\$247,421	Kredentser J	\$182,196
Johnson D	\$596,853	Khan A H	\$408,635	Kremer S	\$102,311
Johnson E	\$559,290	Khan A	\$174,015	Krepart G	\$351,027
Johnson M G	\$559,284	Khan A F	\$60,083	Krocak T J	\$223,411
Johnson R G	\$224,823	Khan N M	\$473,436	Kroeker L R	\$405,843
Johnston C	\$62,470	Khandelwal A S	\$466,590	Kroeker M A <sup>2</sup>	\$254,220
Johnston J B	\$167,834	Khangura D	\$386,314	Kroft C D L	\$89,676
Johnston J L	\$221,596	Khelil A I	\$111,076	Krongold I <sup>2</sup>	\$1,111,240
Jolly K S	\$420,480	Kimelman A L	\$140,476	Kruk R D	\$335,531
Jones J L	\$79,712	Kindle G F <sup>2</sup>	\$582,458	Krzyzaniak K M	\$277,872
Jones K D	\$124,095	King T D	\$88,667	Kucheravy M	\$52,876
Joshi D A	\$128,403	Kinnear D	\$323,773	Kucheravy T	\$58,200
Joshi J N	\$419,406	Kinsley D C	\$367,364	Kucparic P	\$168,257
Joshua J M	\$224,342	Kinsner J M	\$169,969	Kuegle P F X	\$287,169
Joundi M G	\$362,699	Kippen R N	\$385,740	Kulbisky G P	\$63,948



Kumar A	\$555,616	Lei B T C	\$404,892	Lucman L L <sup>1</sup>	\$604,750
Kumar R	\$77,877	Leicht R	\$1,075,393	Lucman T S	\$51,170
Kuo B	\$349,021	Leitao D J	\$253,572	Lucy S	\$363,379
Kyeremateng D	\$352,343	Lekic P C	\$90,171	Ludwig L	\$192,675
Labella L	\$93,938	Leloka C M	\$175,586	Ludwig S	\$231,850
Lacerte M M	\$272,717	Lemoine G G	\$253,471	Luk T L	\$299,934
Lach L A	\$115,139	Lemon K	\$71,156	Lukie B J	\$375,643
Lafontaine I <sup>4</sup>	\$178,914	Lemon P W	\$274,153	Lum Min S	\$216,844
Lage K L	\$205,886	Lerner N	\$378,906	Lyons E A	\$558,348
Lagowski M C	\$225,261	Leslie H	\$61,086	Lysack A M	\$298,069
Lam C C	\$55,113	Letskeman R C	\$371,765	Lysack D A	\$408,919
Lam D S C	\$192,276	Letts K	\$101,976	Mabin D	\$570,235
Lam H P	\$573,667	Leung Shing L P	\$253,185	Macdiarmid A L	\$187,167
Lamb J A	\$142,031	Levi C S	\$458,046	Macdonald N	\$299,156
Lamba K S	\$216,432	Levin B L	\$421,360	Macdonald P	\$407,963
Lambert D A	\$190,436	Levin G	\$237,809	Macdougall B	\$244,200
Lambrechts H	\$224,434	Levin H	\$311,175	Macdougall E	\$165,408
Lander D A	\$125,179	Levy S B	\$245,088	Macdougall G	\$526,992
Lander M	\$122,381	Leylek A	\$137,916	Maceachern N	\$294,259
Lane E S	\$250,682	Lezack J D	\$387,985	Macek R K W	\$158,801
Lane M A	\$110,738	Li W	\$246,903	Macintosh E L	\$532,720
Lang C	\$315,948	Lieberman D K	\$280,338	Mackalski B A	\$418,287
Langan J T	\$447,207	Lindenschmidt R	\$319,793	Mackay M J	\$146,841
Langridge J K	\$319,744	Lindquist L <sup>2</sup>	\$550,944	Mackenzie G S	\$185,465
Large G	\$282,402	Lindsay D	\$79,350	Macklem A K	\$409,836
Larue L B	\$143,355	Lindsay D J	\$722,958	Macleod B A	\$255,729
Latosinsky S	\$64,445	Lines J B	\$213,981	Macmahon R	\$306,322
Lau Y	\$519,422	Lint D W	\$67,298	Macmillan M B	\$316,070
Laurencelle R	\$84,100	Lipinski G	\$324,229	Macnair T L	\$386,894
Lautatzis M <sup>2</sup>	\$757,843	Lipnowski S	\$652,854	Macrodimitis A G	\$179,657
Lautenschlager E	\$68,036	Lipschitz J	\$685,041	Magarrell C	\$69,764
Lavallee B	\$136,768	Lipson A H	\$67,692	Maguire D	\$359,575
Lavitt G	\$62,360	Littleford J A	\$185,087	Maharaj G R	\$190,622
Lawrence P H	\$485,383	Liu J	\$122,431	Maharaj I G	\$337,214
Lazar M H	\$336,018	Lloyd D A	\$291,067	Maharajh D A	\$276,444
Lazarus A	\$403,523	Lloyd R L	\$428,701	Mahay R K	\$469,868
Le Roux C	\$140,218	Lo E	\$190,744	Maier J C	\$226,057
Le Roux P C	\$443,136	Loader K	\$273,888	Maiti S	\$380,805
Leader E	\$62,286	Lockman L E	\$491,627	Major P <sup>2</sup>	\$917,174
Lebedin W W	\$506,966	Lockwood A P	\$62,627	Makar A	\$251,631
Lecuyer N S	\$165,031	Loepp C	\$188,070	Maksymiuk A W	\$140,703
Lee B D	\$87,098	Loewen S R	\$68,682	Malabanian E	\$417,762
Lee F F	\$359,491	Lofgren S R	\$132,214	Malchy B A	\$137,777
Lee G Q	\$198,699	Logan A C	\$471,041	Malek-Marzban P	\$115,158
Lee H B	\$290,223	Logsetty S	\$159,137	Malik A	\$187,881
Lee J J Y	\$603,557	Loh C C	\$141,672	Malik B S	\$459,517
Lee L	\$161,650	Loiselle J A	\$275,646	Mallick K C	\$486,332
Lee S	\$806,933	Long A L	\$1,274,947	Malo S	\$57,212
Lee T J	\$308,780	Longstaffe A E	\$322,443	Mancer J K	\$65,827
Lee T W	\$378,711	Longstaffe S	\$165,703	Manishen W J	\$429,053
Lee V K	\$753,752	Lopez G	\$70,549	Manness R C	\$180,578
Lee-Kwen J	\$76,691	Lotocki R J	\$506,388	Mansour H M S	\$118,146
Lee-Wing M W	\$610,273	Loudon M	\$289,073	Manuel P	\$184,843
Leen D A	\$307,605	Lowden C S	\$356,822	Manusow D	\$453,662
Lefevre G R	\$241,531	Lu P B	\$169,209	Marais F	\$359,787
Lehmann H	\$212,124	Lucash S E	\$146,361	Marantz J	\$136,764

Mare A C	\$309,013	Menard S	\$129,250	Moore R F	\$157,643
Margolis N	\$339,793	Mendis M R	\$69,716	Moran De Muller K	\$587,032
Marles S L	\$77,324	Menkis A H	\$183,074	Morham A	\$246,497
Marsh D W	\$218,508	Menticoglou S	\$700,884	Morier G S	\$142,628
Marshall M	\$75,313	Menzies R J	\$622,405	Moroz S P	\$70,966
Martens M D	\$97,300	Mercier N	\$172,661	Morris A L	\$244,707
Martens R	\$286,779	Mestdag B E	\$129,957	Morris G S	\$272,090
Martens Barnes C	\$123,318	Mestdag R J	\$92,711	Morris M	\$210,318
Martin A G	\$51,369	Mestito Dao I	\$70,037	Morton P G D	\$54,433
Martin D	\$202,007	Meyrowitz D	\$297,346	Mostert F	\$230,958
Martinez E R	\$324,430	Mhanni A	\$116,678	Mouton R W	\$328,754
Marx T	\$377,370	Mian M T	\$245,923	Mowchun L	\$113,235
Maslow K D	\$689,580	Micflikier A B	\$1,747,943	Mowchun N	\$287,941
Matas M	\$111,570	Mikhail S N F	\$239,909	Mshiu M	\$397,301
Mathen M K	\$802,175	Milambiling E M	\$390,678	Muhamedagic T	\$157,433
Mathew G	\$395,878	Milambiling L C	\$272,981	Muirhead B	\$240,985
Mathieson A L	\$257,504	PEREZ		Mulhall D	\$62,667
Mathison T L	\$180,507	Milbrandt K	\$98,617	Mulhall T	\$51,926
Matsubara T K	\$320,991	Miller A	\$97,634	Muller J G	\$93,399
Matthew T	\$332,415	Miller D M	\$429,740	Muller Delgado H A	\$325,852
Maxin R	\$101,845	Miller D L	\$420,474	Mundle S	\$60,448
Maxwell I	\$273,128	Miller L	\$267,732	Munsamy G K	\$275,401
Mayba I I	\$191,365	Miller M	\$568,963	Murray D	\$398,999
Mayba J I	\$713,275	Miller T L	\$310,537	Murray G G	\$56,879
Maycher B	\$1,230,321	Mills B J	\$123,817	Murray K	\$440,548
Mazek F R E	\$431,722	Milner J F	\$679,635	Muruve G N	\$347,059
Mccammon R J	\$208,649	Mina M M F	\$113,376	Mustafa A	\$155,300
Mccarthy B G	\$327,689	Minhas K K S	\$828,819	Mustapha S F	\$256,018
Mccarthy G F	\$676,457	Mink S	\$181,073	Mutch W A C	\$129,036
Mccarthy T G	\$518,018	Minnaar J	\$279,957	Mutter T C	\$296,575
Mccarty B	\$746,272	Mintz S L	\$74,152	Myers W E	\$554,975
Mcconnell M	\$314,324	Minuk D	\$52,338	Mykytiuk P	\$381,953
Mccullough D W	\$100,165	Minuk E	\$129,104	Mymin D	\$54,995
Mccusker P	\$69,944	Minuk G	\$110,704	Mysore M	\$349,111
Mcdonald H D	\$242,254	Miranda G	\$174,031	Nachtigal H	\$64,423
Mcfadden L R	\$472,049	Mis A A	\$406,171	Nagara M	\$58,983
McGinn G	\$1,924,899	Miskiewicz L M	\$130,827	Naidoo J <sup>1</sup>	\$10,623,261
Mcgregor B	\$207,596	Mittoo S	\$78,904	Naidoo S P <sup>1</sup>	\$5,070,103
Mcintyre I L	\$240,540	Moddemann D	\$194,541	Nair U K	\$266,414
Mckay M A	\$290,305	Mohamdee J F	\$186,911	Narvey E B	\$65,863
Mckenzie T	\$219,189	Mohamed A S	\$380,720	Nason R W	\$185,260
Mckiernan B	\$322,388	Mohamed M A M	\$530,605	Nasr N Y I	\$262,356
McLeod J K	\$186,795	Mohammed I	\$304,935	Naugler S	\$388,718
Mcneill A M	\$225,783	Moharib N	\$87,169	Nause L N	\$330,861
Mcphee J	\$268,336	Moller E E	\$146,014	Navaratnam S	\$52,649
Mcperson J A M	\$188,705	Moller L	\$391,679	Nawrocka D	\$196,525
Mctaggart D L	\$196,057	Moller P R	\$517,278	Nazar-Ui-Iman S	\$510,231
Mctavish W G	\$290,579	Moltzan C	\$221,776	Nejad Ghaffar S	\$193,242
Mehta A	\$182,492	Momoh J T	\$494,158	Neiko S	\$75,015
Mehta P G	\$469,247	Moncek J A	\$395,704	Nell A M	\$469,089
Mekhael S	\$273,117	Monkman L M	\$221,579	Nemeth P	\$347,079
Mellon A M	\$410,950	Monson R C	\$196,556	Nepon J	\$343,193
Memon G	\$315,876	Monteiro G E	\$375,241	Neufeld B	\$58,599
Memon R	\$205,402	Montgomery P	\$255,310	Neufeld G M	\$57,663
Menard S L	\$207,179	Moody J K	\$65,094	Neufeld H	\$120,746
		Moon M	\$607,141		

Newman F	\$289,057	Patel L R	\$310,129	Poon W W C	\$259,309
Newman S	\$255,756	Patel P C	\$647,260	Pooyania S	\$153,273
Nguyen H	\$164,189	Patel P C	\$480,545	Popoff D	\$151,478
Nguyen K M	\$341,591	Patel R C	\$508,379	Popowich S	\$413,585
Nguyen L	\$322,618	Patel S V	\$241,827	Possia C	\$58,786
Nguyen M H	\$438,162	Patel S P	\$357,830	Postl B	\$87,185
Nicolle L E	\$154,542	Pathak K K	\$263,345	Potoski J P	\$494,177
Nigam R	\$429,346	Pather A	\$95,309	Potter J	\$111,163
Nighat N	\$54,351	Pauls R J	\$208,804	Prasad B	\$219,172
Nijjar S	\$175,199	Pawlak J	\$101,196	Preachuk C T J	\$119,294
Noel C	\$851,313	Pederson K	\$81,409	Prenovault J	\$365,451
Nugent L M	\$334,921	Peled E	\$154,364	Pretorius A	\$259,986
Nyomba B L	\$146,071	Penner K	\$176,623	Pretorius L L	\$106,024
O'Brien M R	\$311,617	Penner L R	\$108,821	Price J	\$272,433
O'Hagan D B	\$457,686	Penner S B	\$294,239	Priestley D W	\$117,429
O'Keeffe K M	\$206,958	Penner V	\$60,705	Prinsloo J	\$304,938
Ochonska M	\$441,187	Penrose M	\$370,511	Pritchard P	\$77,875
Oen K G	\$83,246	Pepelassis D	\$85,074	Prober M A	\$225,308
Olafson K	\$54,531	Perkins G	\$61,557	Prodan O	\$109,157
Old J	\$227,595	Perlov J	\$217,952	Psooy K J	\$109,318
Oliver J	\$59,213	Permack S	\$274,828	Putnins C	\$78,517
Olivier S	\$436,061	Perrett M	\$70,286	Puttaert D	\$102,286
Olson R L	\$222,860	Perry D I	\$311,259	Pymar H C	\$331,278
Olynyk F	\$156,500	Peschken C	\$90,397	Quan W	\$206,171
Omelan C K	\$151,587	Peterdy A E	\$333,235	Quesada R	\$338,016
Omichinski L M	\$370,326	Peters B	\$193,041	Raabe M A	\$512,715
Ong A	\$62,157	Peters D	\$126,042	Rabson J L R	\$1,099,188
Ong B Y	\$541,472	Peters H O	\$219,781	Racette T	\$174,188
Ong G H	\$405,326	Peters H	\$301,764	Radulovic D	\$133,275
Onoferson B K	\$66,101	Peterson J	\$287,593	Rafay M F	\$103,394
Onotera R	\$256,796	Petkau A	\$147,262	Raghavendran S	\$275,424
Onyshko D J	\$67,961	Philipp R K	\$733,150	Rahman J	\$539,837
Ormiston J D	\$313,739	Pickard K	\$163,236	Rahman M	\$58,716
Orr P	\$182,546	Pickering B	\$427,222	Raimondi C	\$263,429
Osler F G	\$288,123	Pierce G W <sup>2</sup>	\$652,264	Rajamohan C	\$469,739
Pachal C A	\$211,691	Pierce T L	\$81,446	Rajani K R	\$601,861
Pacin A	\$203,236	Pieterse W	\$180,977	Ramadan S I	\$445,723
Pacin O	\$254,251	Pieterse W	\$492,317	Ramaya S	\$249,503
Pacin S	\$358,708	Pilat E J	\$272,913	Ramgoolam R	\$393,720
Padeanu F T	\$188,050	Pilkey B D	\$346,788	Ramsay J A	\$111,953
Padua R N	\$287,908	Pillay P G	\$370,016	Ramsey C D	\$152,685
Paetkau D	\$306,222	Pinder M	\$311,314	Randolph J L	\$84,958
Panaskevich T	\$594,134	Pinette G D	\$228,598	Rao K B	\$475,270
Pandey A K	\$114,774	Pinniger G W	\$232,167	Raubenheimer J P	\$362,855
Pang E G	\$143,235	Pintin-Quezada J	\$391,159	Rawoof R H	\$66,310
Pannu F	\$238,402	Pio A	\$346,218	Reeves J D	\$55,858
Papegnies D	\$74,508	Pirzada M A	\$345,130	Rehal R S	\$177,147
Paquin R W <sup>2</sup>	\$1,076,551	Pittman P	\$224,678	Rehsia D	\$823,434
Parham S M	\$239,186	Pitz M	\$70,436	Reid G J	\$370,667
Park J	\$84,282	Platonov M A	\$179,555	Reimer D K	\$240,650
Parker K R	\$264,957	Plueschow M	\$57,834	Reimer D J	\$556,485
Partap N A	\$100,905	Podolsky G R	\$66,610	Reimer H	\$233,674
Partridge G	\$75,478	Poettcker R J	\$359,083	Reimer M B	\$186,664
Pascoe E A	\$466,626	Polimeni C	\$147,280	Reinhorn M	\$53,257
Paskvalin M	\$131,750	Polimeni J O	\$66,929	Reiss M	\$50,974
Pasterkamp H	\$168,995	Pollock B	\$473,541	Rempel R G	\$168,913



Reslerova M <sup>3</sup>	\$525,790	Roy M	\$173,314	Schneider C E	\$379,760
Reyneke A	\$386,563	Rubinger M	\$155,075	Schroeder A N	\$368,378
Reynolds J L	\$100,647	Rubinstein E	\$207,687	Schroeder G	\$211,221
Rice P	\$244,002	Ruddock D L	\$331,680	Schur N K	\$307,883
Rich A D	\$392,440	Rumbolt B R	\$329,936	Schwartz L D	\$279,828
Richardson C J	\$341,619	Rusen J B	\$358,868	Scott J	\$514,568
Riche B <sup>3</sup>	\$559,733	Rush D N	\$119,541	Scott S	\$108,081
Ridah D	\$166,300	Rush N O S	\$160,549	Seager M J	\$471,381
Rigatto C	\$733,744	Rusnak B	\$315,634	Seftel M D	\$103,632
Ring H	\$157,512	Rust G	\$77,768	Segstro R J	\$278,268
Ringaert K	\$232,090	Rust L	\$107,246	Seifer C M	\$318,385
Riordan P	\$171,898	Ryall L A	\$79,804	Seifer R	\$90,655
Riskalla F	\$138,635	Ryckman B A	\$208,175	Seitz A R	\$271,539
Ritchie B A	\$366,228	Saad N	\$65,970	Selaman M H	\$183,720
Ritchie J	\$212,295	Saadia R	\$256,151	Sellers E	\$82,635
Rivas J H	\$87,582	Saadia V	\$121,701	Sen R	\$195,513
Rivkin B	\$71,717	Sabapathi K	\$56,103	Senderewich E C	\$52,868
Rizk A M	\$274,877	Sabeski L M	\$426,490	Sethi K	\$138,283
Roberts J R	\$300,570	Sadri D	\$303,116	Sethi S	\$316,209
Roberts M	\$52,040	Saettler E	\$98,329	Sett S	\$93,592
Robertson G A	\$87,958	Sala T N	\$191,327	Sewell G	\$126,951
Robillard S C	\$172,033	Salamon E	\$645,159	Shah B	\$400,979
Robinson C C	\$210,123	Saleem A	\$320,077	Shaikh N	\$162,907
Robinson D B	\$234,427	Salem F	\$687,612	Shane M	\$388,663
Robinson D J	\$450,473	Salman M S	\$72,267	Sharif M N	\$368,061
Robinson J	\$502,528	Salter-Oliver B A	\$121,227	Shariff F K	\$112,794
Robinson W	\$303,471	Sam D	\$143,043	Sharkey J B	\$386,294
Rocha G	\$1,034,370	Sami S	\$180,869	Sharma S	\$562,846
Roche G	\$143,895	Samuels E R	\$155,649	Shatsky M	\$212,505
Rodriguez Marre I	\$168,155	Samuels L	\$384,681	Shelton P A	\$185,559
Roe B E	\$108,469	Sanders R W	\$150,580	Shenouda P F S	\$305,418
Roets W G	\$78,184	Sandhu S S	\$516,567	Shepertycky M R	\$451,769
Rogozinska L	\$470,773	Santdasani S K	\$158,237	Sheps M	\$549,909
Rohald P	\$366,385	Saran K D	\$175,164	Shiffman F H	\$425,894
Roman M	\$299,115	Saranchuk J W	\$386,260	Shnider M	\$143,417
Roman N	\$275,174	Sareen J	\$87,354	Shojania A M	\$195,961
Ronald A R	\$66,676	Sareen S	\$357,502	Shortt R	\$113,856
Roos P J	\$78,856	Sarlas E	\$134,232	Shoukry S	\$166,065
Rosario R	\$123,556	Sathianathan C	\$208,016	Shuckett P	\$354,784
Rosenberg R J	\$52,239	Sathya J	\$148,657	Shum K C	\$295,701
Rosenthal P	\$235,693	Saunders K	\$202,110	Shumsky D	\$83,521
Rosner B	\$56,478	Savage B	\$225,265	Shunmugam R	\$812,820
Ross F J	\$171,206	Sawchuk J P	\$52,931	Sickert H G	\$178,890
Ross F K	\$151,542	Sawka S E <sup>2</sup>	\$1,404,079	Siddiqui F S	\$164,245
Ross J F	\$681,063	Sawyer J A	\$361,793	Sigurdson E	\$192,561
Ross J J	\$226,489	Sawyer S K	\$54,235	Sigurdson L J	\$506,599
Ross L L	\$373,264	Scatliff J	\$226,100	Sikora F J	\$311,161
Ross T K	\$155,694	Schachter M A	\$115,681	Silagy S	\$536,598
Rossouw J <sup>1</sup>	\$489,694	Schacter B A	\$59,835	Silha J	\$495,495
Rothova A	\$281,009	Schaeffer D	\$91,899	Silver N A	\$222,737
Roussin B C	\$193,815	Schaub J C	\$101,461	Silver S	\$1,216,795
Roux J G	\$321,496	Schellenberg J D	\$239,024	Silverman R E	\$278,252
Rowe R C	\$212,971	Schellenberg W C	\$493,732	Simard-Chiu L A	\$177,299
Roy D	\$173,793	Schledewitz I L	\$76,394	Simm J F	\$261,926
Roy M J	\$209,232	Schmidt B J	\$94,861	Simonsen J N	\$79,404



Simonson D W	\$177,961	Stillwater R B	\$157,640	Thille S M	\$197,498
Sin S	\$72,844	Stimpson R	\$97,479	Thomas S T	\$220,723
Singal R K	\$250,476	Stitt A	\$58,137	Thompson R A	\$57,484
Singer M	\$162,594	Stitt G P	\$58,722	Thompson T R	\$185,471
Singh A	\$324,971	Stitt R L	\$51,677	Thomson G T D	\$155,160
Singh G B	\$431,692	Stitz M	\$304,115	Thomson I R	\$261,581
Singh H	\$283,183	Stockl F A	\$1,072,130	Thoriakson D	\$176,736
Singh M	\$416,773	Stoffman J M	\$54,774	Thoriakson I J	\$200,937
Singh N	\$61,441	Stone J D	\$386,360	Thoriakson R H	\$386,236
Singh R	\$149,973	Storoschuk G W	\$277,122	Thottingal A P	\$222,654
Singh R G	\$193,457	Storsley L J	\$397,220	Thwala A B	\$328,188
Singh R D	\$130,139	Stoski R M	\$2,094,323	Timmerman D	\$62,354
Singh S	\$55,979	Stoykewych A A	\$62,149	Tischenko A	\$441,814
Sinha M	\$346,380	Stranges G A	\$105,589	Toews K A	\$345,601
Sinha S N	\$445,968	Strong J E	\$93,548	Tohme J	\$230,905
Skakum K K	\$162,914	Stronger L	\$236,748	Tole G D	\$56,534
Skalsky A J	\$213,141	Strumpher J	\$229,980	Tomchuk E	\$447,877
Skead L	\$369,022	Sud A K	\$821,085	Tomy P	\$278,905
Skrabek R Q	\$318,120	Sulaiman M	\$315,892	Toole J	\$575,262
Sloan G	\$163,725	Sullivan M	\$102,771	Toth J M	\$50,875
Slutchuk M	\$348,401	Susser M	\$211,090	Trainor J M <sup>1</sup>	\$7,713,761
Small L	\$70,442	Sutherland D E	\$258,601	Tran C P	\$280,400
Smart J R A	\$351,661	Sutherland E N	\$388,711	Trinh H	\$240,980
Smil E	\$253,142	Sutherland J G	\$213,565	Tsang D	\$407,494
Smit F	\$427,571	Sutherland S	\$483,425	Tsang M T	\$111,629
Smith C	\$164,531	Sutter J A	\$376,157	Tse W C	\$61,074
Smith H W E	\$290,680	Sutton I R	\$475,323	Tsuyuki S H <sup>2</sup>	\$522,744
Smith J R M	\$62,735	Swain V J	\$88,051	Tufescu T	\$250,176
Smith L L	\$374,703	Swartz J	\$164,797	Tulloch H V	\$159,641
Smith L F	\$464,802	Swenarchuk G	\$73,061	Tung P	\$421,098
Smith R G	\$282,235	Symchych M	\$66,213	Turabian M	\$312,345
Smith R W	\$272,408	Szajkowski S	\$274,715	Turgeon T	\$330,812
Snovida L	\$253,595	Szajkowski T	\$125,713	Turner D R	\$498,590
Sommer H M	\$258,264	Szwajcer D	\$119,573	Turner R B	\$494,727
Soni A	\$96,215	Tam J W	\$142,267	Ulyot S	\$142,434
Soni N R	\$204,097	Tamayo Mendoza J A	\$143,374	Ulmer M	\$393,123
Soni S	\$724,906	Tan L	\$430,567	Ungarian J	\$143,924
Sood M	\$522,268	Tang-Wai R	\$338,506	Unruh H W	\$406,381
Sookermany N	\$58,614	Tapper R	\$81,547	Uys T	\$319,119
Speer M	\$175,757	Taraska V	\$647,945	Van Alstyne M	\$437,520
Spence E B	\$71,182	Taraska V	\$572,465	Van Ameyde K	\$277,033
Srichandra W	\$272,373	Targownik L E	\$263,397	Van Amstel L L	\$73,352
Srinathan S K	\$146,218	Tassi H	\$88,389	Van De Velde R	\$235,265
St Goddard J	\$165,376	Tawadros M B	\$479,098	Van Den Heever J W	\$84,242
St John P D	\$189,301	Tawfik Helmy S	\$232,655	Van Der Byl G	\$259,568
St Vincent A	\$295,203	Taylor H R	\$606,994	Van Der Zweep J	\$311,042
Stanko L	\$419,779	Taylor P D	\$62,700	Van Gend R	\$263,414
Stearns E	\$211,078	Taylor S N	\$560,437	Van Horne W A	\$173,020
Stecher R D	\$315,063	Tenenbein M	\$55,104	Van Jaarsveldt W	\$393,324
Stedman N	\$57,150	Teo S L	\$300,494	Van Niekerk E	\$295,696
Stefanyshen G S	\$187,008	Theodore G M	\$308,048	Van Niekerk S	\$373,507
Steinberg F	\$135,563	Therrien D J	\$85,457	Van Rensburg C J	\$369,336
Steinberg R J G	\$186,867	Thess B A	\$441,583	Van Rensburg N	\$105,884
Stelzer J	\$232,573	Thiessen M N	\$182,364	Van Rensburg P D	\$447,741
Stephensen M C	\$299,208	Thiessen R J	\$74,100	JANSE	
Stewart G B	\$68,641				

Van Rooyen M L	\$557,418	Wiesenthal Z	\$208,226	Zaki M F	\$406,612
Vanderwert R T	\$87,306	Wightman H R <sup>1</sup>	\$4,273,876	Zarychanski R	\$53,497
Varma A	\$402,719	Wilkie C	\$56,015	Zeiler F	\$564,595
Vasconcelos J A	\$210,299	Willemse P	\$846,830	Zetaruk M	\$62,830
Vattheuer A	\$83,379	William N	\$260,104	Ziaei Saba S	\$527,393
Vattheuer F B	\$162,289	Williamson D	\$101,055	Zieroth S R	\$201,080
Venkatesan N	\$124,939	Willows J R	\$384,801	Ziesmann M	\$770,944
Verma M R	\$430,195	Wilson A S	\$74,104	Zimmer K W	\$300,543
Verrelli M	\$381,621	Wilson G P	\$397,377	Ziomek A	\$227,501
Viallet N R	\$255,788	Wilson M <sup>2</sup>	\$1,486,681	Zivot J	\$155,185
Vianzon C S	\$434,327	Wiltshire W A	\$94,380	Zoppa R	\$306,230
Vicari D	\$73,077	Winistok W	\$205,112		
Vickar E L	\$340,554	Winogrodzka C	\$310,698		
Vignudo S	\$240,119	Winzowski T	\$82,572		
Violago F	\$297,083	Wirch M F	\$157,173		
Vipulananthan M	\$282,285	Wirtzfeld D	\$251,324		
Vipulananthan V	\$288,991	Wiseman D G H	\$235,147		
Visch S H R	\$151,823	Wiseman M C	\$596,280		
Visser G	\$431,875	Wiseman N	\$335,345		
Visser H B	\$127,761	Woelk C	\$303,507		
Vlok N	\$315,241	Wojciechowski A	\$101,478		
Vo M	\$649,821	Wolfe K B	\$248,276		
Vorster A P	\$62,099	Wolfe S A	\$293,659		
Voyer D	\$124,158	Wong H	\$247,510		
Wadhwa V S	\$308,494	Wong J K	\$164,042		
Waldman J C	\$291,465	Wong R P W	\$372,982		
Walkty A	\$61,052	Wong S W C	\$423,810		
Wallace S E	\$260,277	Wong S G	\$173,293		
Walli J E	\$498,518	Wong T	\$269,940		
Walters J J	\$697,840	Woo C	\$328,345		
Wang J	\$84,037	Woo N	\$520,888		
Warkentin R	\$106,129	Woo V C	\$580,211		
Warnakulasooriy R	\$86,123	Woods A K	\$242,757		
Warraich N	\$561,103	Wowk-Litwin M L	\$187,819		
Warrian R K	\$325,328	Wozney L R	\$123,391		
Warrington R	\$221,269	Yaffe C	\$680,464		
Watters T	\$82,438	Yale R	\$106,227		
Weeraratne M B	\$129,709	Yamamoto K	\$337,972		
Weihs R	\$56,537	Yamsuan M	\$257,516		
Weizman S	\$371,486	Yang J	\$160,727		
Werier J	\$363,453	Yankovsky A	\$92,877		
White B K	\$209,596	Yanofsky R	\$61,922		
White O J	\$681,212	Yaren S	\$177,216		
White S	\$106,031	Yeung C	\$369,963		
White V P	\$67,561	Yip B	\$395,115		
Whittaker D	\$51,953	Young B C	\$223,925		
Whittaker E	\$155,278	Young J	\$99,206		
Wickert W A	\$197,196	Young R S	\$405,369		
Wiebe K	\$76,221	Youssef N	\$145,656		
Wiebe T H	\$162,974	Yuen C K	\$263,641		
Wiens A V	\$397,986	Zabib N A	\$71,825		
Wiens J J	\$559,844	Zabolotny B P	\$370,636		
Wiens J L	\$599,370	Zacharias G W	\$195,323		
Wiens P J	\$62,115	Zacharias J <sup>3</sup>	\$492,350		
Wiesenthal B D	\$201,665	Zaki A E	\$134,374		

**Explanatory Notes:**

- (1) *Director of a private laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 14 for list of facilities).*
- (2) *Director of a private radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 15 for list of facilities).*
- (3) *Billings for Dialysis services representing the work of more than one physician. (See page 16 for list of facilities).*
- (4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 16 for list of facilities).*

**Laboratory Directors and Facilities**

Czamecki W	Manitoba Clinic
Lucman L L	Winnipeg Clinic
Rossouw J	Western Medical Clinic
	The Brandon Clinic
	Clement Bloc Lab
Naidoo J	Central Medical Laboratory
Naidoo S P	Southwood Laboratory
	Unicity Lab Services-McPhillips Street
Trainor J M	Medical Arts Building
	Windsor Park Medical Centre
	Lakewood Medical Centre
Wightman H R	Assiniboine Clinic Lab

## **Radiology Directors and Facilities**

Coueslan G W	The Brandon Clinic
Eaglesham H	Clement Block Xray
Hardy, B	Lakewood Medical Center
Henderson, B	Manitoba X-Ray Clinic – Misericordia Care Centre
Kindle G	Winnipeg Radiology Consultants – Health Sciences Centre
Kroeker M A	Winnipeg Radiology Consultants – Markham Professional Centre
Krongold I	Winnipeg Radiology Consultants - Medical Arts Building
	Brandon General Hospital
	Manitoba X-Ray Clinic – MRI Tache Branch
	Kaprowy & Associates Drs.
	Assiniboine Clinic
Lautatzis M	Parkview X-Ray Clinic
	Boyd X-Ray Clinic
	Legacy X-Ray
	Seven Oaks X-Ray Clinic
Lindquist L	Winnipeg Clinic
	Lindquist Medical Corporation-Radiology Consultants of Wpg
	Winnipeg Clinic
Major P	Manitoba Clinic
Paquin R W	Transcona Clinic Xray
	Metro Xray Clinic – Rothesay
Pierce G W	Manitoba X-Ray Clinic – Westwood Branch
Sawka S	Manitoba X-Ray Clinic – Elmwood Branch
	-Westwood Portables
	Diagnostic Services Division
	Manitoba X-Ray Clinic
Tsuyuki S H	St. Boniface Clinic
Wilson M	Manitoba X-Ray Clinic – Misericordia Care Centre



## **Dialysis Directors and Facilities**

Allan, D R	Health Sciences
Armstrong, S	St. Boniface General Hospital
Bernstein, K	Health Sciences Centre & Seven Oaks
Bueti, G	Health Sciences Centre
Komenda P V J & Reslerova M	St. Boniface General Hospital
Riche, B	Brandon General Hospital
Zacharias, J	Local Centres
	Dauphin General Hospital
	Flin Flon General Hospital
	Lakeshore General Hospital
	Morden Hospital
	Norway House Hospital
	Pine Falls Hospital
	Portage la Prairie Hospital
	Selkirk General Hospital
	The Pas Health Complex
	Thompson General Hospital

## **Nuclear Medicine Directors and Facilities**

Dupont J O	Nuclear Medicine Consultants
	Winnipeg Clinic – Nuclear Medicine
Lafontaine I	St. Boniface Hospital- Nuclear Medicine
	Brandon

## APPENDIX I

### SUMMARY OF STATUTES RESPONSIBILITY - MINISTER OF HEALTH

#### **THE ANATOMY ACT (A80)**

- ♦ Provides for the appointment of an Inspector of Anatomy and sub-inspectors.
- ♦ Sets out who is entitled to claim a body.
- ♦ Regulates what can and cannot be done with bodies that are not claimed.

#### **THE CANCERCARE MANITOBA ACT (C20)**

- ♦ Creates CancerCare Manitoba and provides it with the authority to deliver programs related to the prevention and treatment of cancer.

#### **THE CHIROPRACTIC ACT (C100)**

- ♦ Authorizes the Chiropractors' Association to regulate chiropractors in Manitoba.

#### **THE DENTAL ASSOCIATION ACT (D30)**

- ♦ Allows the Manitoba Dental Association to regulate the practice of dentistry in Manitoba.

#### **THE DENTAL HEALTH WORKERS ACT (D31)**

- ♦ Allows dental health workers such as dental hygienists to be registered so that they can provide services under *The Dental Health Services Act*.

#### **THE DENTAL HEALTH SERVICES ACT (D33)**

- ♦ Allows the Minister of Health to make arrangements to provide preventive and treatment dental services to certain persons designated by the Lieutenant Governor in Council. There is currently no program established under this act.

#### **THE DENTAL HYGIENISTS ACT (D34)**

- ♦ Authorizes the College of Dental Hygienists to regulate Dental Hygienists.

#### **THE DENTURISTS ACT (D35)**

- ♦ Authorizes The Denturist Association of Manitoba to regulate denturists in Manitoba.

#### **THE ELDERLY AND INFIRM PERSONS' HOUSING ACT (E20)**

- ♦ (Except with respect to elderly persons' housing units as defined in the act)
- ♦ Governs the establishment of housing accommodation for the elderly or infirm.

#### **THE EMERGENCY MEDICAL RESPONSE AND STRETCHER TRANSPORTATION ACT (E83)**

- ♦ Regulates the emergency medical response services and personnel and the stretcher transportation services and personnel.

#### **THE DEPARTMENT OF HEALTH ACT (H20)**

- ♦ Provides certain authority for the Minister of Health to appoint senior management and to be an ex-officio member of the board of any health care institution receiving funding from the department.
- ♦ Specifies remedies of government in cases where expenses are incurred but not paid by the person incurring the expense and the expense becomes a liability of government.

#### **THE DISTRICT HEALTH AND SOCIAL SERVICES ACT (H26)**

- ♦ Governs the establishment and operation of health and social services districts.
- ♦ No new health and social services districts have been established since the enactment of *The Regional Health Authorities Act*.

#### **THE HEALTH SERVICES ACT (H30)**

- ♦ Governs the establishment and operation of hospital districts.
- ♦ No new hospital districts have been established since the enactment of *The Regional Health Authorities Act*.

#### **THE HEALTH SERVICES INSURANCE ACT (H35)**

- ♦ Governs the administration of the Manitoba Health Services Insurance Plan in respect of the costs of hospital services, medical services, personal care services and other health services.

#### **THE HEARING AID ACT (H38)**

- ♦ Provides for a Hearing Aid Board to licence hearing aid dealers and deal with complaints.

#### **THE HOSPITALS ACT (H120)**

- ♦ Relates to the operation of hospitals except for private hospitals.

**THE HUMAN TISSUE GIFT ACT (H180)**

- ♦ Regulates organ and tissue donations in Manitoba.
- ♦ Designates "human tissue gift agencies" that are to be notified when a person has died or is about to die.

**THE LICENSED PRACTICAL NURSES ACT (L125)**

- ♦ Authorizes the College of Licensed Practical Nurses of Manitoba to regulate licensed practical nurses.

**THE MEDICAL ACT (M90)**

- ♦ Authorizes the College of Physicians and Surgeons of Manitoba to regulate medical practitioners.

**THE MANITOBA MEDICAL ASSOCIATION DUES ACT (M95)**

- ♦ Requires the payment of dues by members and non-members of the Manitoba Medical Association.

**THE MEDICAL LABORATORY TECHNOLOGISTS ACT (M100)**

- ♦ Authorizes the College of Medical Laboratory Technologists of Manitoba to regulate medical laboratory technologists.

**THE MENTAL HEALTH ACT (M110)**

(S.M. 1998, c. 36) (except Parts 9 and 10 and clauses 125(l) (i) and (j))

- ♦ Governs voluntary and involuntary admission of patients to psychiatric facilities and the treatment of patients in such facilities.
- ♦ Governs the appointment and powers of Committees for persons who are not mentally competent.

**THE MIDWIFERY ACT (M125)**

- ♦ Authorizes the College of Midwives of Manitoba to regulate midwives.

**THE NATUROPATHIC ACT (N 80)**

- ♦ Authorizes the Manitoba Naturopathic Association to regulate naturopaths.

**THE OCCUPATIONAL THERAPISTS ACT (05)**

- ♦ Authorizes the Association of Occupational Therapists of Manitoba to regulate occupational therapists.

**THE OPTICIANS ACT (060)**

- ♦ Authorizes The Opticians of Manitoba to regulate opticians.

**THE OPTOMETRY ACT (070)**

- ♦ Authorizes the Manitoba Association of Optometrists to regulate optometrists.

**THE PERSONAL HEALTH INFORMATION ACT (P33.5)**

- ♦ Protects personal health information in the health system in Manitoba.
- ♦ Establishes a common set of rules governing the collection, use and disclosure of personal health information that emphasize the protection of the information while ensuring that necessary information is available to provide efficient health services.

**THE PHARMACEUTICAL ACT (P60)**

- ♦ Authorizes the Manitoba Pharmaceutical Association to regulate pharmacists and pharmacies.
- ♦ Allows for the establishment and maintenance of a provincial drug formulary.

**THE PHYSIOTHERAPISTS ACT (P65)**

- ♦ Authorizes the College of Physiotherapists of Manitoba to regulate physiotherapists.

**THE PODIATRISTS ACT (P93)**

- Defines the practice of podiatry and provides for the regulation of the profession.

**THE PRESCRIPTION DRUGS COST ASSISTANCE ACT (P115)**

- ♦ Governs the operation and administration of the provincial drug benefit program.

**THE PRIVATE HOSPITALS ACT (P130)**

- ♦ Governs the licensing and operation of private hospitals.
- ♦ There are no private hospitals currently operating in Manitoba.

**THE PROTECTION FOR PERSONS IN CARE ACT (P144)**

- ♦ Requires the mandatory reporting of abuse or potential abuse of patients in hospitals or residents in personal care homes except those who are children or who are vulnerable persons in which case different legislation applies.

- Allows for the investigation of such reports, the giving of ministerial directions for actions to protect patients, or residents, and for the prosecution of offences.
- Provides protection from employment action and from interruption of service for persons who make a report in good faith under the Act.

**THE PSYCHOLOGISTS REGISTRATION ACT (P190)**

- Authorizes the Psychological Association of Manitoba to regulate psychologists.

**THE PUBLIC HEALTH ACT\*\*(P210)**

- Provides the powers and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.

\*\* (Excluding the responsibility for Bedding, Upholstered and Stuffed Articles Regulation (Manitoba Regulation (M.R. 78/2004) under *The Public Health Act*, which is assigned to the Minister of Finance.)

**THE REGIONAL HEALTH AUTHORITIES ACT (R34)**

- Governs the administration and operation of regional health authorities.

**THE REGISTERED DIETITIANS ACT (R39)**

- Authorizes the Manitoba Association of Registered Dietitians to regulate registered dietitians.

**THE REGISTERED NURSES ACT (R40)**

- Authorizes the College of Registered Nurses of Manitoba to regulate registered nurses.

**THE REGISTERED PSYCHIATRIC NURSES ACT (R45)**

- Authorizes the College of Registered Psychiatric Nurses of Manitoba to regulate registered psychiatric nurses.

**THE REGISTERED RESPIRATORY THERAPISTS ACT (R115)**

- Authorizes the Manitoba Association of Registered Respiratory Therapists to regulate respiratory therapists.

**THE REGULATED HEALTH PROFESSIONS ACT (R117) (not yet proclaimed)**

Currently, there are 21 statutes dealing with different health professions. This Act will replace these statutes and bring all regulated health professions under one umbrella act.

**THE SANATORIUM BOARD OF MANITOBA ACT (S12)**

Creates The Sanatorium Board of Manitoba for the purpose of enhancing the care and treatment of persons with respiratory disorders and to engage in or promote prevention and research respecting respiratory diseases. The Board may also establish treatment facilities with the approval of the Minister of Health.

**THE TESTING OF BODILY FLUIDS AND DISCLOSURE ACT (T55)**

- This Act enables specified persons as listed below, who have come into contact with a bodily fluid of another person to get a court order requiring the other person to provide a sample of the fluid. The sample will be tested to determine if that person is infected with certain communicable diseases. Victims of crime, good Samaritans, firefighters, emergency medical response technicians and peace officers may apply for an order as well as any other person involved in an activity or circumstance prescribed by regulation.

**THE TOBACCO DAMAGES AND HEALTH CARE COSTS RECOVERY ACT (T70)**

**(Not yet proclaimed)**

- Allows the province to take legal action against tobacco manufacturers to recover the cost of health care benefits paid in respect of tobacco-related diseases.

**THE YOUTH DRUG STABILIZATION (SUPPORT FOR PARENTS) ACT (Y50)**

- Assists parents to deal with a child who has a serious drug problem. They can apply to have the young person taken to a safe and secure facility for up to seven days, where his or her condition will be assessed and stabilized, and a plan for treating the drug abuse will be developed.



## APPENDIX II

### LEGISLATIVE AMENDMENTS IN 2009 - 2010

A number of health statutes and regulations were amended, enacted or proclaimed in 2009/2010:

**THE MEDICAL AMENDMENT ACT-** (proclaimed August 15, 2009)

Amends *The Medical Act*. The following are the key changes:

- Provides for the regulation of physician assistants.
- Establishes an educational register to more clearly provide for the regulation of residents and medical students, and to provide for the regulation of physician assistant students.

**THE REGULATED HEALTH PROFESSIONS ACT-** (in force upon proclamation)

The following are the key changes:

- At present, there are 21 statutes dealing with different health professions. These statutes will be repealed over time and each profession will then be regulated under this umbrella Act with profession specific regulations.
- Each health profession will be regulated under the act by a college, the duty of which is to serve the public interest. The governing body of a college is its council. At least one third of the council members will be required to be public representatives.
- Health care provided by health professionals will be regulated through reserved acts instead of through exclusive scopes of practice. Only certain regulated health professions and qualified, skilled members of those professions will be allowed to perform reserved acts.
- The practice of a health profession will be regulated by its council through the use of standards of practice, a code of ethics, practice directions and a continuing competency program.
- Only certain regulated health professions will be allowed to use the terms "doctor", "surgeon" and "physician". The use of the terms "registered" and "licensed" will also be restricted.
- The act has a process to deal with complaints made about members of any regulated health profession. A separate complaints investigation committee and a separate inquiry committee will be established for each profession in which at least one third must be public representatives. Disciplinary measures that may be taken against a member include suspending or cancelling the member's registration or certificate of practice, censuring the member, and requiring the member to take counseling or receive treatment. Employers and others must be notified if a member is disciplined.
- A college will be enabled to audit the practice of a member. It will also be able to provide the public with information about its members through practitioner profiles. A college will be required to prepare an annual report on its activities and maintain a publicly accessible website.
- The act sets out a process by which an unregulated health profession may apply to be a regulated health profession.
- The Minister of Health will be given powers that include launching an inquiry, issuing a directive or appointing an administrator, when it is in the public interest to do so.
- Those who employ members of a regulated health profession will have a responsibility to ensure that the person is registered and is permitted to practice the profession. Employers, hospitals and regional health authorities will have to notify the applicable college when they suspend or terminate a member's employment.

**THE PUBLIC HEALTH ACT (P210) -** (proclaimed April 1, 2009)

This act repeals and replaces the existing *Public Health Act*. It includes new and updated measures to deal with health hazards, communicable diseases, and public health emergencies.

**THE PERSONAL HEALTH INFORMATION AMENDMENT ACT -** (in force upon proclamation)

This act will amend *The Personal Health Information Act* to:

- Set out criteria for a valid consent from a person for the use or disclosure of his or her personal health information, and permit consent to be either express or implied.
- Require a hospital to respond within 24 hours to a request from an in-patient or his or her relative for information about the care that the in-patient is currently receiving.

- Require that a trustee respond within 72 hours to a request from a patient who is not an in-patient in a hospital for information about the care that he or she is currently receiving.
- Create a new category of personal health information, referred to as "demographic information", which does not reveal a person's health status. The amendments will allow such information to be disclosed without consent if the police need the information to help find a missing person, if a health care provider needs to confirm someone's eligibility for health care coverage, and in other specified circumstances.
- Broaden the ability to disclose personal health information, without consent, in the following circumstances:
  - Hospitals and personal care homes will be able to disclose limited information to clergy who wish to provide spiritual care to patients and residents of those facilities, unless the patient or resident objects.
  - To assist with fundraising, hospitals and personal care homes will be able to disclose limited information to charitable foundations with which they are associated, unless the patient or resident objects.
  - Trustees of information will be able to disclose information on a limited basis to health research organizations for the purpose of ongoing population health and health system analysis.
  - Trustees of information will be able to disclose information to another trustee who requires it to monitor and evaluate the quality of that other trustee's services.
- Expand the list of persons who can exercise the rights of another person under the act to include family members and trusted friends. This will ensure that there is always someone capable of consenting to the use and disclosure of personal health information and someone who can request access health records on another's behalf.
- Provide the new information and privacy adjudicator to be appointed under *The Freedom of Information and Protection of Privacy Act* with the authority, at the request of the Ombudsman, to issue an order against any trustee who has not acted on the Ombudsman's recommendations.

**THE TESTING OF BODILY FLUIDS AND DISCLOSURE ACT (T55)** - proclaimed, September 15, 2009

This act enables specified persons as listed below, who have come into contact with a bodily fluid of another person, to get a court order requiring the other person to provide a sample of the fluid. The sample will be tested to determine if that person is infected with certain communicable diseases. Victims of crime, good Samaritans, firefighters, emergency medical response technicians and peace officers may apply for an order as well as any other person involved in an activity or circumstance prescribed by regulation.

**REGULATIONS:**

**THE EMERGENCY MEDICAL RESPONSE AND STRETCHER TRANSPORTATION ACT**

- Amended the Air Emergency Medical Response Systems Regulation to allow air ambulance companies to use aircraft other than air ambulance if necessary to preserve an individual's life, limb or function subject to specific requirements.

**THE HEALTH SERVICES INSURANCE ACT**

Amendments were made to:

- **The Personal Care Services Insurance and Administration Regulation:** to adjust the amount of residential/authorized charges for personal care home residents to account for cost of living increases for residents and their spouses who are living in the community. The financial threshold for the waiver of payment of all or part of the authorized charge payable by a personal care home resident who has a spouse living in the community was also increased.
- **The Hospital Services Insurance and Administration Regulation:** to adjust the amount of residential/authorized charges for individuals paneled for personal care home placement and chronic care patients to account for cost of living increases for such individuals and their spouses who are living in the community. The financial threshold was also increased for the waiver of payment of all or part of the authorized charge payable by a paneled or chronic care patient, who has a spouse living in the community.

- **The Sessional Rates Regulation:** to increase the amount of the sessional rates for medical practitioners.

#### **THE MENTAL HEALTH ACT**

- Amended the **Charges Payable by Long Term Care Patients Regulation** in psychiatric facilities. Charges for these patients are to be calculated in accordance with the Personal Care Services Insurance and Administration Regulation.

#### **THE MIDWIFERY ACT**

- Amended the **Midwifery Regulation** to enable midwives to prescribe a specified class of drugs for the treatment of postpartum hemorrhage and antihistamines (injectable and oral) or drugs for the management of anaphylaxis.

#### **THE PHARMACEUTICAL ACT**

- Repealed and replaced the **Manitoba Drug Interchangeability Formulary Regulation** as required to update the Formulary.

#### **THE PRESCRIPTION DRUGS COSTS ASSISTANCE ACT**

- Amended the **Specified Drugs Regulation** to update the Schedule.
- Amended the **Payment of Benefits Regulation** to increase the Pharmacare deductible rates.

#### **THE PUBLIC HEALTH ACT**

The following new regulations were made:

- **Cervical Cancer Screening Registry Regulation:** The Cervical Cancer Registry Regulation governs the reporting and use of information in the cervical cancer registry.
- **Dead Bodies Regulation:** The Dead Bodies Regulation sets out requirements for handling and transportation of dead bodies.
- **Disease Control Regulation:** The Disease Control Regulation includes requirements that complement the new act and will assist public health officials in disease control, including provisions respecting isolation, quarantine, handling of disease specimens and control of diseases transmitted by animals.
- **Health Hazards Regulation:** The Health Hazards Regulation provides authority for Public Health Inspectors to issue notices to abate with respect to health hazards that have not been specifically addressed by regulation.
- **Information Sharing Regulation:** The Information Sharing Regulation sets out with whom public health officials may share information, including personal information, personal health information and proprietary business information.
- **Public Health Personnel Regulation:** The Personnel Regulation sets out the minimum qualifications for public health officials. It also creates the class of health officers (Food) and sets out the powers of such officers.

#### **THE REGISTERED NURSES ACT**

- Amended the Extended Practice Regulation to expand the prescribing authority of extended practice nurses to include antivirals.
- Amended the Registered Nurses Regulation incorporate new competencies and standards in all Manitoba registered nursing education programs to replace the current diploma programs with a baccalaureate degree program.

#### **THE REGISTERED PSYCHIATRIC NURSES ACT**

- Amended to schedule standards in the **Registered Psychiatric Nurses Regulation** to provide for a psychiatric nursing education program.

#### **THE TESTING OF BODILY FLUIDS AND DISCLOSURE ACT**

- The Testing of Bodily Fluids and Disclosure Regulation was made to deal with matters necessary to implement the act including designation of the communicable diseases for which testing will be done under an order.



**THE YOUTH DRUG STABILIZATION (SUPPORT FOR PARENTS) ACT**

- Amended the Youth Drug Stabilization Regulation to enable a person to be designated as an addictions specialist for the purposes of the act if they hold a degree or diploma acceptable to the Minister. In relation to the experience required for such designation, the amendments allow for designation of a person who has at least five years experience providing a combination of substance abuse and mental health assessment and treatment services to youth.

**THE FOLLOWING REGULATIONS WERE AMENDED:**

- **Dwellings and Buildings Regulation, amendment:** Amended to ensure consistency with the new Act, update outdated language, and provide Public Health Inspectors with the authority provided to Medical Officers of Health in the Regulation.
- **Food and Food Handling Establishments Regulation, amendment:** Amended to ensure consistency with the new Act, include relevant provisions from the Ice Regulation, and enable streamlining of processes.

**REPEALED REGULATIONS:**

- **Atmospheric Pollution Regulation:** The Atmospheric Pollution Regulation was repealed as it was out of date and no longer relevant given the new *Public Health Act*.
- **Ice Regulation:** The Ice Regulation was repealed and relevant sections were included in the Food and Food Handling Establishments Regulation.



### Appendix III – Performance Reporting

The following section provides information on key performance measures for the department for the 2009-10 reporting year. This is the fifth year in which all Government of Manitoba departments have included a Performance Measurement section, in a standardized format, in their Annual Reports. Performance indicators in departmental Annual Reports are intended to complement financial results and provide Manitobans with meaningful and useful information about government activities, and their impact on the province and its citizens.

For more information on performance reporting and the Manitoba government, visit [www.manitoba.ca/performance](http://www.manitoba.ca/performance). You can send comments or questions to [mbperformance@gov.mb.ca](mailto:mbperformance@gov.mb.ca).

(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2009/10 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
Manitobans' access to cardiac surgery through the measurement of Median wait times for cardiac bypass surgery by level of urgency.	Timely Access to surgical services is important	As of April 2005, the Median wait time for cardiac bypass surgery by level of urgency was:  Level 1 (Emergent and Urgent): 7 days  Level 2 (Semi-urgent): 15 days  Level 3 (Elective): 56 days	As of April 2010, the Median wait time for cardiac bypass surgery by level of urgency was:  Level 1 (Emergent and Urgent): 3 days  Level 2 (Semi Urgent): 8 days  Level 3 (Elective): 10 days	Compared to April 2005 the Median wait time has decreased for all levels of urgency.	Wait times are calculated based on patients who received surgery during the reporting period.  The National Benchmarks for bypass surgery are as follows: 0-14 days for Level 1 (Emergent and Urgent); 15-42 days for Level 2 (Semi-urgent); and 43-180 days for Level 3 (Elective).  Source: WRHA
Manitobans' access to radiation therapy for cancer through the measurement of Median wait times for patients to commence radiation therapy treatment.	Timely access to treatment services is important.	The Median wait time in April 2002 was 2.1 weeks for all cancer types.	As of April 2010, the Median wait time for all cancer types was 1 week.	The median wait time continues to be well within the National Benchmarks for radiation therapy	The National Benchmark for radiation therapy is 4 weeks.  Source: CancerCare Manitoba
Death rate for heart attack as measured by the age-standardized mortality rate for acute myocardial infarction (AMI).	Cardiovascular disease, which includes heart attack (AMIs) and stroke, is a leading cause of death.	The AMI mortality rate from approximately 140 deaths per 100,000 in 1979	In 2008, the age-standardized mortality rate for heart attack (AMI) in Manitoba was 34 deaths per 100,000 population	The AMI mortality rate has declined dramatically in Manitoba and Canada from approximately 140 deaths per 100,000 in 1979 to 34 per 100,000 in 2008.	Rates have declined largely due to improved drugs and medical care for heart attack patients, reduced smoking rates and improved control of hypertension.  Source: Statistics Canada, Vital Statistics

(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2009/10 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
<p>Diabetes rates are measured as:</p> <ul style="list-style-type: none"> <li>persons living with diabetes 1 year of age and older</li> <li>5 year average of new diabetes cases</li> </ul>	<p>The financial, healthcare system and personal burden of chronic disease has implications for future health care planning. As information systems improve, we should be tracking more system impacts</p>	<p>32,468 (1989)</p> <p>3920/yr, 1989-93</p>	<p>76,608 (2006)</p> <p>6390/yr, 2002-06</p>	<p>Diabetes rates have more than doubled</p>	<p>Better diagnosis and reporting may result in increased incidence. Better education and care may result in increased prevalence.</p> <p>These measures are best reported in context of improved access to services, etc.</p> <p>Source: Diabetes in Manitoba Report, 2009</p>
<p>Telehealth: Increasing access to the Telehealth network improves rural and northern access to medical specialists and the opportunities for virtual consultation. This plays a major role in early diagnosis and treatment for Manitobans.</p> <ul style="list-style-type: none"> <li>Number of total locations</li> <li>Number of new locations</li> </ul>	<p>Utilization rates demonstrate less travel for Northern patients, more access to Medical Specialists and better contact for Northern Health Care</p>	<p>Telehealth Sites set up in 3 communities / yr. 1999</p>	<p>Currently 87 sites (15 sites implemented in 2009/10)</p> <p>Total Utilization - 9835</p> <p>Clinical - 6959</p> <p>Education - 1653</p> <p>Administration - 1113</p> <p>Televisitation - 72</p>	<p>Adding approximately 10 sites per year</p> <p>Clinical activity comprises approximately 70% of network activity</p>	<p>Source: MBTelehealth Management Report</p>

## **APPENDIX IV**

### ***The Public Interest Disclosure (Whistleblower Protection) Act***

*The Public Interest Disclosure (Whistleblower Protection) Act* came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under The Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with The Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under The Act, and must be reported in a department's annual report in accordance with Section 18 of The Act.

The following is a summary of disclosures received by Manitoba Health for fiscal year 2009–2010:

<b>Information Required Annually (per Section 18 of The Act)</b>	<b>Fiscal Year 2009 – 2010</b>
The number of disclosures received, and the number acted on and not acted on. <i>Subsection 18(2)(a)</i>	1 disclosure was received.
The number of investigations commenced as a result of a disclosure. <i>Subsection 18(2)(b)</i>	1 investigation commenced and continued into 2010-11.
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. <i>Subsection 18(2)(c)</i>	See above.

## APPENDIX V

### SUSTAINABLE DEVELOPMENT

*The Sustainable Development Act* (The Act) was proclaimed in July 1998. The overall goal of sustainable development is meeting the needs of the present without compromising the ability of future generations to meet their own needs.

Principles and guidelines of sustainable development have been established to guide all departments in the Province of Manitoba in their efforts to attain this goal. For an activity to be sustainable it must be in compliance with all applicable principles and guidelines of sustainable development as determined by The Act.

In pursuit of the above, and to report on Manitoba Health's efforts toward sustainable development, as defined under The Act, this Annual Report provides examples of the ongoing progress and accomplishments of Manitoba Health in incorporating the principles and guidelines of sustainable development. The chosen examples are not all-inclusive, and more detail related to sustainable development activities within Manitoba Health can be further examined within each appropriation of the Annual Report.

#### PRINCIPLES AND GUIDELINES (SECTIONS 1-13)

##### 1. INTEGRATION OF ENVIRONMENTAL AND ECONOMIC DECISIONS

Manitoba Health is dedicated to taking actions that foster the principles of integrating the environment and economics into the decision making process, specifically in the areas of human health and social consequences.

##### HIGHLIGHTS:

**Insured Benefits:** provides funding of core health services that are continually changing to increase efficiencies, effectiveness and appropriate health care delivery to Manitobans in an economical and sustainable manner. Examples of core health services include funding of hospital services, air ambulance transfers, out-of-province transport services, and links to special programs covering eyeglasses, breast prostheses, hearing aids, orthopaedic shoes, contact lenses, telecommunications equipment for the profoundly deaf or speech impaired, and transportation subsidies.

**Regional Programs and Services:** continues to monitor and measure the benefits of services to the public and reports on these activities to the Minister to facilitate decision making and ensure that long term strategies and actions are effective. This division provides direction in northern, rural and urban areas of the province as well as reporting on specific areas of service such as patient safety, cardiac services, cancer care, palliative care, home care and dialysis.

**Mental Health:** develops strategies and policies for the mental health system and examines emerging issues and practices to improve services to optimize the health of those with a mental disorder. The branch collaborates and/or oversees provincial mental health activities such as: Mental Health Renewal in Manitoba; the Mental Health Education Resource Centre of Manitoba; the Farm and Rural Stress Line; mental health services; programs that provide health promotion and awareness activities; and the role of Manitoba Health and the RHAs in the system.

**Northern Nursing Stations:** oversees cost effective and quality health care to various northern communities through the management of community nursing stations.

**Primary Health Care:** supports executive management in planning and providing guidance to RHAs in implementing cost effective primary health care initiatives to improve the health of Manitobans and access to services.

**Selkirk Mental Health Centre:** delivers compassionate, respectful and cost-effective inpatient treatment and rehabilitation services to all residents of Manitoba whose mental health needs cannot be met elsewhere in the health system.



## 2. STEWARDSHIP

Manitoba Health is dedicated to implementing policies that facilitate decisions to all of the above elements of a sustainable stewardship. Stewardship is enacted by the Minister of Health who administers over 45 Acts. Each Act delegates its authority through regulations, policy development and indirectly through managerial direction to ensure that stewardship of our health system is upheld within standards outlined within the *Canada Health Act* as well as provincial standards to ensure that the health of Manitobans is optimized. A sample of these acts are listed below. For more detail and information on all the acts that facilitate stewardship, please see the section "Summary of Statutes Responsibility."

### HIGHLIGHTS:

**The Regional Health Authorities Act:** governs the administration and operation of regional health authorities.

**The Personal Health Information Act:** protects personal health information in the health system in Manitoba.

**The Public Health Act:** Provides the power and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.

**The Health Services Insurance Act:** governs the administration of the Manitoba Health Services Insurance Plan as it relates to the cost of hospital services, medical services, personal care services and other health services.

**The Prescription Drugs Cost Assistance Act:** governs the operation and administration of the provincial drug benefit program.

## 3. SHARED RESPONSIBILITY AND UNDERSTANDING

Manitoba Health continually collaborates with RHAs, inter-sectoral organizations, federal government and stakeholders to better understand the views of others. This in turn facilitates equitable management of our health system. To facilitate shared responsibility and understanding, Manitoba Health directs its resources through specific units/branches that accommodate these activities in the health system.

### HIGHLIGHTS:

**Aboriginal Health and Northern Health Office:** supports and promotes the cultural diversity among the First Nations, Métis and Inuit populations in Manitoba. Aboriginal Health and Northern Health Office work collaboratively with the federal government, other branches within Manitoba Health, provincial departments, RHAs, and Aboriginal political territorial organizations. This branch is Manitoba's key resource on Aboriginal health issues with respect to the development of policy, strategies, initiatives and services for the Aboriginal community.

**Federal/Provincial/Territorial Unit:** represents Manitoba on the Federal/Provincial/Territorial Advisory Committee on population health and security to express Manitoba's views and participate in inter-sectoral issues.

**Regional Programs and Services:** participates on RHA committees and maintains communication with all RHAs to ensure that Manitoba Health has an ongoing understanding of the issues and concerns within Winnipeg and throughout Manitoba.

**Accountability Support Branch:** coordinates the community health assessment process with RHAs to ensure that health planning is community or regionally focused and complies with Manitoba Health requirements.

## 4. PREVENTION

Prevention is at the forefront of Manitoba Health. Manitoba Health has a vested interest in ensuring that Manitobans are healthy and that controls and measures are in place to prevent health related threats from impacting the general population. Ultimately, legislation is drafted, created or refined to ensure that prevention measures are in place to make the most positive impact to optimize the health and social well-being of Manitobans.

## HIGHLIGHTS:

**Office of the Chief Provincial Public Health Officer:** ensures that preparedness plans for public health emergencies are in place and response plans, such as for West Nile Virus, Pandemic Influenza and Avian Influenza, are reviewed and updated. This office provides news releases to the public in regards to public health warnings and prevention measures to be taken to lessen the risk of these threats.

**Cadham Provincial Laboratory:** provides increased detection of various diseases that assist decision making in the decrease of the transmission of disease in Manitoba. This includes enhanced surveillance of infectious diseases to aid in outbreak identification and prevention. Also state of the art diagnostic testing for bacteria that are antibiotic resistant, toxin producing or cause food poisoning is done to improve infection control in hospitals, personal care homes and the community.

**Public Health Branch:** provides health surveillance, analysis of public health threats and provides outbreak surveillance and epidemiological expertise related to norovirus, influenza and mumps. This includes the provision of provincial surveillance data for the National Diabetes Surveillance System to support evidence-based diabetes management. Also, the branch integrates education into the continuum of diabetes prevention, care, research and support. The Public Health Branch also manages the Manitoba Immunization Monitoring System for more complete data capture, improved data quality and feedback to stakeholders.

**Emergency Preparedness Branch:** continues to work with RHAs in implementing their disaster management programs. Incident management systems are in place to respond to a variety of emergencies and disasters throughout the province. The Emergency Response Management System has been developed to respond to large scale health sector emergencies such as pandemic influenza.

**Corporate Services:** manages and maintains the provincial policy framework. Examples of provincial policy direction related to prevention include: integrated risk management; quality audits; internal disclosure of staff concerns; reporting of critical clinical occurrences; RHAs guide to health services; and reporting significant changes to the Office of the Chief Medical Examiner.

## 5. CONSERVATION AND ENHANCEMENT

Manitoba Health is dedicated to making decisions that foster protection and enhancement of the ecosystem and the process that supports all life, and actions and decisions which foster conservation and enhancement of resources.

### HIGHLIGHTS:

**Capital Planning:** continued integration of universal access guidelines into new construction and major renovation projects wherever practical and according to identified needs. This includes continued improvements such as Power Smart Standards for new construction and renovation projects.

**Public Health Branch:** Environmental Health Branch responds to chemical, microbiological and social public health issues. The branch monitors and participates in a coordinated response to environmental health issues to Manitobans with a mandate for environmental health risk assessment, food protection, tobacco reduction, and dental/oral health.

## 6. REHABILITATION AND RECLAMATION

Manitoba Health is committed to rehabilitation and reclamation of areas and resources that have been damaged as they represent themselves.

### HIGHLIGHTS:

**Capital Planning:** oversees infrastructure projects that support investment in state-of-the-art medical equipment, the development of new projects and rehabilitation of aging community facilities.

## **7. GLOBAL RESPONSIBILITY**

Manitoba Health continues to take actions that foster a global approach to decision making with the goal of identifying and preventing the occurrence of possible adverse effects.

### **HIGHLIGHTS:**

**Federal/Provincial Policy Support:** conducts negotiations on cooperative initiatives with Pan-Canadian institutions and policy approaches, as well as advises leadership in the planning processes for the development of strategic priorities and directions for the health system.

**Office of the Chief Provincial Public Health Officer:** participates in the development and implementation of policies on environmental issues related to drinking and recreational water and air quality. For example this office assesses health risk and provides information on various health concerns such as asbestos in vermiculite insulation.

## **8. EFFICIENT USE OF RESOURCES**

Manitoba's health system accounts for 42% of the provincial budget and as public expectations on health care services keep rising, costs continue to go up and the sustainability of our publicly funded system is strained. Manitoba Health strives for the efficient use of resources and maximizing the use of public funds. This includes all aspects of sustainability to encourage and facilitate the development, application and use of systems for proper resource pricing, demand management and resource allocation, together with incentives to encourage the efficient use of resources, and employ full-cost accounting to provide better information for decision-makers.

### **HIGHLIGHTS:**

**Health Labour Relations:** operates an efficient and effective information network to support decision making; coordinates ongoing meetings with the Winnipeg Regional Health Authority and Manitoba Health Finance; and provides site orientation visits with participating health authorities.

**Provincial Drug Programs:** continues to look at efficiencies of the drug review process to reduce costs and/or provide timely access to new medications. This includes specific recommendations from the Drug Management Policy Unit.

**Funding to Health Authorities:** directs expenditures in an efficient and expedient manner. These funds are allocated to provincial wide appropriations (as per this annual report) and to health authorities in accordance with targets established through the estimates process, health plan process and ministerial direction.

**Provincial Health Services:** throughout Manitoba Health, various units are tasked, in some cases with third parties, to provide services to the public such as: out-of-province hospital services; blood transfusion services; federal hospitals; prosthetic and orthotic devices; healthy communities development; and the Nurses Recruitment and Retention Initiative.

**Emergency Medical Services:** provides provincial leadership in the surveillance of the air and land ambulance transport system to ensure that patient care standards are in place, safe transportation of acutely ill patients by the Lifelight Air Ambulance Program occurs, and evaluations of licensed emergency medical services including vehicle, equipment and processes are conducted.

## **9. PUBLIC PARTICIPATION**

Manitoba Health strives to support and take actions that establish or change departmental legislation, procedures or processes that foster public participation in decision making, planning and program delivery. This ensures that processes are fair, appropriate appeal mechanisms are in place and that processes and procedures foster consensus decision making approaches.



## HIGHLIGHTS:

**Legislative Unit:** communicates and reviews feedback from stakeholders, including consultations with the public, in regards to many of the proposed amendments to the Ministerial Acts. Recent examples are *The Personal Health Information Act* Review Steering Committee and *The Public Interest Disclosure (Whistleblower Protection) Act*.

**Mental Health Review Board:** hears appeals regarding specified aspects of the admission or treatment of a patient in a psychiatric facility.

**Manitoba Health Appeal Board:** receives appeals related to *The Health Services Insurance Act*, *The Ambulance Services Act*, *The Mental Health Act* and the Hepatitis C Assistance Program. It also serves in an advisory role to the minister by maintaining links between the minister, the health care community and the community at large.

**The Protection for Persons in Care Office:** serves as a resource for those working in health facilities as well as anyone in the general public who have a duty to report suspected abuse or the likelihood of abuse to the Protection for Persons in Care Office.

**Aboriginal and Northern Health Office:** ensures that dialogue continues between the public and Aboriginal organizations, First Nations organizations, the Province of Manitoba and the First Nations Inuit Health Branch – Health Canada, to ensure that decisions are made that benefit northern communities in Manitoba and those people of Aboriginal descent.

**Accountability Support Branch:** continues provision of public participation in the health regions as part of the community health assessment process. Community consultations, focus groups, region specific surveys and key informant interviews are regularly held by the regions and health organizations.

**French Language Services:** provides availability and accessibility to service and material in French for the French-speaking population of Manitoba.

**Primary Health Care Unit:** is a resource centre for Manitoba Health on how best to inform and serve Manitobans about new initiatives and investment, targeted to improve primary health care such as what services are available, how to access them and how to have input.

**Public Health Branch:** provides communication and feedback support to the public in a variety of forums about Manitoba Health policy and priority initiatives.

## 10. ACCESS TO INFORMATION

Manitoba Health strives to take actions to improve and update data and information bases and the establishment or changes made to procedure, policy or legislation which makes the departmental and provincial information more accessible to the public.

### HIGHLIGHTS:

**Legislative Unit:** continues to provide information and formal presentations on *The Personal Health Information Act* to health information trustees throughout the province to assist them in upholding Manitobans' rights to access and privacy, as well as to the public to assist them in understanding their rights and appeal processes.

**Finance and Administration:** prepares financial reports and documents such as Supplementary Information for legislative review, Quarterly Financial reports, and the Annual Report in accordance with Legislative, Treasury Board and senior management requirements.

**Information Systems:** continues development and maintenance of databases to support internal and third party information requirements, as well as development of an eHealth infrastructure.

**Health Information Management:** provides data sources for Manitoba Health, the Minister, RHAs and the public which is accessible internally or on the department's website. This includes managing Manitoba Health's relationship with the Manitoba Centre for Health Policy and the Canadian Institute for Health Information and includes related data provisions to those organizations.

**Public Health Branch:** continues to provide regular and routine reports to the public on influenza surveillance data, monthly communicable disease surveillance data, and annual HIV/AIDS statistical updates to the Public Health Agency of Canada and to the health authorities.



## 11. INTEGRATED DECISION-MAKING AND PLANNING

Manitoba Health takes necessary measures to establish and amend decision making and planning processes to make them more efficient, timely and address and account for inter-generational effects.

### HIGHLIGHTS:

**Information Systems:** works collaboratively with outside agencies to successfully secure funding and manage information systems. This includes integration of decision and planning with multiple organizations to standardize data definitions with vendors and to support health system programs.

**Mental Health:** ongoing integration on decision making and planning with the Addictions Foundation of Manitoba and the RHAs regarding mental health.

## 12. WASTE MINIMIZATION AND SUBSTITUTION

Manitoba Health is committed to taking actions that promote the use of substitutes for scarce resources and reduce, reuse, recycle or recover.

### HIGHLIGHTS:

- Ongoing Blue-bin recycling program at 300 Carlton Street, 1680 Ellice Avenue and 750 William Avenue sites. Bins have been installed in boardrooms, meeting rooms and all lunchrooms for empty beverage and food containers.
- Staff are continually encouraged to save waste papers for recycling. Paper recycling boxes are provided in all offices and recycled on a regular basis.
- Continued focus on purchasing products manufactured with recycled materials.
- Duplex capabilities have been added to various network printers to provide double-sided print capabilities to reduce paper consumption.
- Continue to develop electronic systems to minimize paper copies.

## 13. RESEARCH AND INNOVATION

Manitoba Health is active in establishing programs and actions which encourage and assist in the research, development, application and sharing of knowledge and technologies which further sustainability.

### HIGHLIGHTS:

**Health Information Management:** recently developed a digital dashboard that is employed within Manitoba Health and updated monthly to provide the minister and senior management with up-to-date information on key areas such as wait times. Also the Health Information Gateway, an internal intranet site, was expanded to facilitate department staff access to health publications and data.

**Manitoba Centre for Health Policy:** continues to provide funding for policy evaluation and research initiatives.

**Public Health Branch:** continues participation in research initiatives with other organizations, provinces and the Federal government to enhance leading-edge knowledge development related to the prevention, education, control and management of a range of communicable diseases.

**Office of the Chief Provincial Public Health Officer:** continues educational sessions in a variety of settings related to life threatening infections and diseases.

**Aboriginal and Northern Health Office:** works in collaboration with Aboriginal people who have an interest in entering the health care workforce.

## PROCUREMENT GOALS (SECTIONS 14-18)

## 14. EDUCATION, TRAINING AND AWARENESS

To meet the intent of this goal Manitoba Health enacts changes to develop a culture that supports sustainable procurement practices within the department.

**HIGHLIGHTS:**

- All areas are encouraged to include sustainable development topics in their monthly/quarterly divisional meetings.
- An internal website for sustainable development communication within the department has been developed and is continuously updated.
- Government-wide directives on sustainable development initiatives such as recycling papers and toner cartridges are continually enforced.
- Staff are involved in the procurement of stationary products and are continually encouraged to select "Green" products whenever possible.

**15. POLLUTION PREVENTION AND HUMAN HEALTH PROTECTION**

To meet the intent of this goal, Manitoba Health has established actions to protect the health and environment of Manitobans from possible adverse effects of their operations and activities as well as providing a safe and healthy working environment for staff.

**HIGHLIGHTS:**

- Smoking by staff in government buildings and vehicles is prohibited.
- Air Quality in work places is continuously monitored.

**16. REDUCTION OF FOSSIL FUEL EMISSIONS**

To meet the intent of this goal, Manitoba Health needs to reduce fossil fuel emission of their operations and activities.

**HIGHLIGHTS:**

- Encourage staff to participate in the "Commuter Challenge" initiative aimed at promoting alternate means to commute to work and help reduce gas emissions through cycling, walking, rollerblading, taking the bus, or carpooling. Promotion efforts are targeted to Manitoba Health staff on ways individuals can contribute to the efforts against climate change.

**17. RESOURCE CONSERVATION**

To meet the intent of this goal, Manitoba Health needs to reduce consumption of resources in a sustainable and environmentally friendly manner.

**HIGHLIGHTS:**

**Capital Planning:** work with Manitoba Hydro to ensure that facility construction projects meet standards for energy efficiency and are Power Smart. The main objective is to achieve Power Smart designation to communities and Health Centres.

**18. COMMUNITY ECONOMIC DEVELOPMENT**

To meet the intent of this goal, Manitoba Health would need to ensure that procurement practices foster and sustain community economic development.

**HIGHLIGHTS:**

- Whenever possible, Aboriginal vendors are invited to list in the Aboriginal Business Registry to submit a response to services being tendered.
- Manitoba Health's Aboriginal and Northern Health Office supports the Aboriginal Human Resource Strategy implemented by the RHAs.
- Manitoba Health participates in the Manitoba Strategy to improve Aboriginal wellbeing with the Department of Indian and Northern Affairs that includes a Manitoba Approach to community development.

